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## ORIGINAL DEPARTMENT.

## LECTURES.

### Lectures on the Crystaline Lens and its Diseases.

By Laurence Turnbull, M. D.,
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No. 5.

OPERATION OF EXTRACTION.

We have at the last lecture considered the operation of extraction of cataract, and finished with some of the complications which tend to interfere with, or prevent, the success of the operation.

The subject last under consideration was intra-ocular hemorrhage, and we stated that, according to Rivaud-Landrau, and other authorities, this took place in consequence of rupture of the vessels, the immediate result of detachment of the vitreous humor from the choroidea.

It must be added here, however, that Mr. White Cooper, on the other hand, maintains that the detachment of the vitreous humor, instead of being the cause of the hemorrhage, is merely the result of it. According to him, it is the accumulation of blood behind the vitreous humor which, in pushing the latter before it, produces the detachment.

In fact, Rivaud-Landrau regards as the principal cause of the hemorrhage what White Cooper considers as merely the effect of it.

In four cases of extraction of cataract at the Ophthalmic Hospital, Moorfields, in which this complication occurred, the eye was extirpated in order to arrest the hemorrhage; and, on dissection, a coagulum of blood was found in each case, between the sclerotic and choroid coats; the choroid and retina being pushed forward into the vitreous humor. This would speak rather in favor of Mr. White Cooper's theory.

In a recent article in the *Giornale d' Ofttalmologia Italiano*,* Dr. Olioli proposes digital compression of the carotid artery on the side corresponding with that of the hemorrhage, as a means of arresting it, instead of resorting to extirpation of the eye. Although he has not had an opportunity of proving the efficacy of this treatment, yet he cites a case of aneurism of the ophthalmic artery, in which it was employed with success by Prof. Gioppi, of Padua, and infers from this that the same means might be resorted to with immediate benefit in intra-ocular hemorrhage.

If you should be so unfortunate as to have this complication to occur, I would recommend a trial of the means previously indicated, such as the application of cold, absolute rest, pressure upon the carotid; but should all this fail, it will be best to resort to careful and uniform pressure with a pad and bandage; and should this not succeed, and the eye is lost, the injection of the solution of per sulphate of iron injected into the wound in the eye, or the powder placed upon a sponge and fitting the eye; either of these methods is better than extirpation.

The complications, besides those already stated in the operation of extraction, are: 1st. Staphyloma, or prolapsus of the iris; 2d. The discharge of the vitreous humor; 3d. Irregularity of the pupil; 4th. The deformity of the cicatrix; 5th. The closure of the pupil.

*First.* With regard to the staphyloma of the iris. If the cornea is divided as recommended, the iris is not apt to come forward. But should the accident happen, it is to be reduced by rubbing the closed eyelids. It is better even to proceed and cut off a small portion of the iris, than to withdraw the knife. If a large portion of the iris should fall between the cornea and knife, it must be pressed back until the section is completed. The iris may

* Emorragie Intra oculari od Emoftalmie, e Proposta della Compressione Digitale per Arrestarle. Per A. Olioli, Medico-Chirurgo.

bleed if cut, but the blood in the chamber will soon be taken up by the absorbents.

Should the iris after the section be still prolapsed, the spoon of the curette must be used with care to replace it. If our attempts should fail, and there is escape of the hyaloid membrane, this membrane should be cut off with the scissors close to the iris. Even with this condition, the case is not always hopeless, for some very extensive cases of prolapse have, after some months' careful treatment, disappeared, leaving but a slight cicatrix; nor is good vision incompatible with removal of a portion of the iris. Should the iris bulge forward by pressure of the aqueous fluid, the removal of the accumulation by the introduction of a needle or knife, by giving vent as often as it re-accumulates, will relieve pain and assist in its reduction. Should prolapsus iridis be the result of ulceration of the cornea, various means should be employed to restore the tone of the system by diet, tonics, etc.; for without this plan, no local applications will be of much avail. Perfect rest should also be enjoined with the use of extract of belladonna around the brow, or atropial collodion, painted around the eye every day or two.

*Second.* Discharge of the vitreous humor. If this accident happens in a case where the cataract is simple, and where the vitreous humor is free from disease, or the posterior part of the capsule does not adhere to the body of the crystaline, it must be attributed to a want of care in the operator, and is not to be considered as a necessary consequence of the operation itself. The loss of a small portion of the vitreous humor is not generally followed by any ill effects. Still the operator ought to be most careful to prevent the accident, for when a small portion has run out, a very slight circumstance will occasion a further discharge, and the patient should be watched so as to prevent any coughing, sneezing, or touching of the eye, or permit anything that is likely to create anxiety or mental emotion, and even talking should not be permitted; the patient should also be placed on his back, and carefully prevented from moving from that position for several hours.

*Third.* If the eye has been much fatigued during the operation, irregularity of the form of the pupil is an accident which sometimes occurs. Yet these irregularities do not in all cases injure the sight. Proper adjustment of the flap of the cornea will do much to prevent this, for if the eye is very prominent the lid may displace it and turn it down. This should be carefully looked to; by taking hold of the cilia we can bring the lid out and see that it is completely lifted over. If complete inversion of the flap takes place, a thin, delicate, silver spatula should be employed to replace it.

*Fourth.* The same advice may be given in regard to formation of a cicatrix as we have already given in the case of irregular pupil. You must use but one instrument in making the incision, and at one stroke—not a series of cuts: make it near the margin of the sclerotica, and large enough to allow the opaque crystaline lens to pass through without violence. In this case, if the knife is sharp, the cicatrix will scarcely be visible, and will not obstruct the rays of light.

*Fifth.* A partial or total closure of the pupil will occasionally happen after the most carefully-performed operations, but generally depends upon violence done to the iris, causing acute inflammation of the whole eyeball, and this must be treated by depletion, mercury, and solution of atropia when the patient is an adult and in robust health, with a strong, full pulse; but if the patient's vitality is low, pulse feeble, but rapid, then we have usually a subacute inflammation. In the acute inflammation, which shows itself early, the lids are bright red, and the secretion is purulent. The subacute inflammation comes on some days after the operation; the swollen lids have scarcely a blush of inflammation, being rather of a darkish hue and infiltrated with serum, and, should the cornea be seen, it is generally hazy, the secretion is thin and the conjunctiva, although chemosed, is scarcely vascular. These cases demand good nourishing diet, of beef-tea, wine-whey, and carbonate of ammonia, with or without opium, depending upon the amount of pain. Mr. Tyrrell was in the habit of giving large doses of the carbonate of ammonia—eight, or even ten grains. By this means he found the acute inflammation aggravated, and the subacute at once relieved.

If all treatment should fail and the pupil is closed, then we can resort to either iridectomy or the formation of an artificial pupil, which will depend, for its success, upon the state of the retina, etc. This subject we will treat of more fully under the head of the operations on closed pupil.

CATARACT GLASSES.

After a successful operation for the removal of a diseased crystaline lens from the eye by extraction, the patient soon regains a moderate amount of vision for objects at a certain distance, but with a loss of power of adjusting the eye for different distances, with the exception of his control over the size of the pupil. In order that he may see distinctly and at any distance, the optician furnishes glasses of different degrees of convexity, as an artificial crystaline lenses, according as the patient wishes to view near or distant objects; for viewing objects near him, convex lenses, in spectacle frames, of three to three and a half inches focus; for viewing distant objects, to four and a half inches. Before employing these most useful aids, the eyes must have become entirely free from disease for some time, say from four to six months.

For a full account of the use of spectacles, see "Jones on Defects of the Sight and Hearing," edited by the lecturer, 1859.

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## Lectures on the Physiology of the Nervous System.

By J. Cheston Morris, M. D., of Philadelphia.

No. 1.

Gentlemen:—We have now, in the course of our studies, arrived at the nervous system. Thus far we have been occupied mainly with the physical phenomena presented by the living human body: with endosmose, digestion, respiration, circulation, secretion, and excretion, especially in their mechanical and chemical aspects. We are now to inquire into some of the phenomena of life itself, and deduce, if possible, its laws, for our guidance in the practice of medicine.

You will, doubtless, recall the propositions laid down at the commencement of this course, as to the nature of life, the laws of the forces which are active during life. We might here, with great propriety, enter upon the consideration of organic or vital force, taking the development of the embryo as an instance of the change of formless matter into forms resembling those of the parent; but I prefer at present to pass at once to the nervous system and its function.

It is the presence of this system, and its appendages, that separates the animal from the plant. All the phenomena of sensation and motion require its presence; and we can hardly conceive of an *animal* that does not, in some degree or at some time, exhibit them; while, on the other hand, no vegetable shows anything more than a mere physical effect on being irritated. What, then, we may ask, is the function of the nervous system? Dr. Dalton has furnished us with an excellent reply. The function of the nervous system, according to him, is to cause one organ to respond to the stimulus applied to another. This is the simplest formula that we can adopt, which will yet include all the varieties of nerve-action. These we may classify in the higher beings under the three heads of excito-motor, voluntary, and intellectual. But in order to understand thoroughly the action of any organ or system, we must study it, not only in its more complex forms, but also in the simplest; in fact, it is by means of these that we are best enabled to appreciate the conditions necessary for any action.

Wherever, then, we find nervous matter, we find it under one of two forms, gray vesicular; or white fibrous. Collections of the former we call *ganglia*, and in these alone is nerve-power originated or produced. The latter constitutes either *nerves* or *commissures*, the latter being merely nerves which connect ganglia. In the different modes of arrangement of these ganglia, we find the best classification which has as yet been attempted of the animal series. For instance, we find beings which manifest sensation, and apparently voluntary motion, in which, nevertheless, we can detect no special agglomerations of nervous matter: nor do the different parts of their bodies always seem to act in harmony. Such are the sponges, the polyps, and other beings on the borders of animal existence. In these the nervous tissue is supposed to be diffused through the whole mass; and therefore the term ACRITA (α, negative, and Κρινω, I discern,) has been applied to the class. Rising a step higher in organization, we come to animals which seem to be developed by precisely similar parts around a centre, and hence are called RADIATA. In this class we find a nervous centre in each one of these similar parts, connected with its fellows by a thread-like nervous filament. This is the first distinct appearance of the nervous system, and from this thread-like appearance, these animals are called NEMATONEURA. In the same class must be ranked the medusæ, or jelly-fishes, so common on our sea-coast.

Rising still higher, we find animals with ganglia scattered irregularly through their bodies in the neighborhood of the great organs over which they respectively have control. From this irregular distribution of nerve-centres they are called HETERO-GANGLIATA. To this class belong the snail, the clam, the oyster, etc.; in other words, the mollusca. Another mode of arrangement is that in which the whole body is composed of segments, similar at first, but afterwards modified by development, so as to subserve different purposes; each segment containing a nerve-centre of its own. Situated on the ventral aspect of the body, these ganglia, connected by commissures with their fellows, present a slight resemblance to the cerebro-spinal system of the vertebrata; this, however, can hardly be said strictly to be the case, as they perform other functions beside those assigned now to the cerebro-spinal axis. This arrangement of nerve-centres has gained for the *articulata*, among which it is found, the appellation of HOMOGANGLIATA.

We now approach the last and highest division of the animal kingdom, the *vertebrata*. For these I would propose the term POLYGANGLIATA, as expressive of the much greater complexity of their nervous system, uniting as it does the principle of the homo-gangliate with that of the hetero-gangliate arrangement. In fact we find two great nervous systems, the cerebro-spinal and the sympathetic, each with its own functions closely connected together, so that their action may be consentaneous and harmonious. In this class of animals again, we find the whole structure of the body and grouping of the organs arranged in accordance with the development of the nervous system. The vertebral column is so arranged as to form with its processes two cavities, of which the posterior contains the centres, that constitute the cerebro-spinal axis, while the anterior lodges the sympathetic system and the viscera supplied by it. The former of these corresponds to the homo-gangliate system of the articulata in the double arrangement of its constituent elements, so that if divided longitudinally, one-half resembles exactly the other, and in the fact that each part of it presides specially over a definite portion of the body; but differs from it in the fact that the ganglia are often remotely situated from their respective organs.

The symmetry of this portion of the nervous system corresponds to the symmetrical arrangement of its dependent organs, so that the whole body at first seems to be double, or, as it were, composed of two symmetrical halves. But when we come to the so-called organs of vegetative life, we find that they correspond to the irregular arrangement of the sympathetic system, just as do the same organs in the hetero-gangliata. So much for the general arrangement of the larger nerve-masses. But let us now inquire more closely into the mechanism of this wonderful system. We find the whole body composed of *sentient* surfaces and organs, and *motor* apparatus (muscles, bones, ligaments, etc.) united together by nerves. We find, too, nerves running from sentient surfaces to nerve-centres, and conveying information to those centres of any irritation or excitement on those surfaces—even if irritated themselves in any part of their course, the centres receive the impression as if made upon the surfaces. These, then, we call *afferent* nerves.

So, again, those running to muscles from the nerve-centres convey to those muscles an influence which causes them to contract—never carrying to the nerve-centres any information of what may occur to the muscles; these are, therefore, *efferent* nerves.

But, if we examine the afferent nerves proceeding, for instance, from the eye, or the ear, we find them originating in these organs from masses of ganglia-cells; so, also, we find in the mucous membrane of the nostrils nerve-cells communicating by nerve-fibrils with the olfactory ganglia, commonly called the first pair of cerebral nerves. It is more than probable, too, that the so-called Pacinian corpuscles are in reality ganglia, whose office is to receive impressions of the form and consistence of external bodies, thus constituting the organs of *touch*. In this way, then, we see that all impressions received from the external world are first made upon *peripheral* ganglia, and are transmitted by them to the great nerve-centres, of whose general arrangement we have been speaking. These ganglia may have their functions exalted or depressed without the necessary participation of the central ganglia; or the latter may be affected without the former. But of the proofs of this we will speak more fully in the next lecture.

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*Army and Navy.*—Leave of absence for thirty days, for the benefit of his health, has been granted to Assistant-Surgeon A. Carswell, Medical Department.

# COMMUNICATIONS.

## Anatomy in its Relations to Medicine and Surgery.

By D. Hayes Agnew, M. D.

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No. 34.

*Oral Region* (*continued.*)—From the arrangement of the muscular constituent of the tongue it follows that it may be altered in shape, in three ways,—longitudinally, vertically, and transversely. Change in *breadth*, however, seems to be the prevailing modification, and therefore it follows that the longitudinal, and transverse muscles are those most under the influence of morbid causes. The latter muscles, when they are in a state of active contraction, will narrow the organ and make it quite pointed. The former, under a similar activity, will broaden and round the tip. When it is remembered that the glosso-pharyngeal nerve enters both the muscular and papillary structure of the tongue, we may suppose that the disordered function of the latter would react upon the former. The influence of spinal irritation upon the shape of the tongue, when seated high up in the cord or its membranes, we may infer, results from the communications of the spinal accessory nerve with the glosso-pharyngeal.

The vascularity of the organ being considerable, free hemorrhage will follow incised wounding of its substance. It so happens that most of its wounds are inflicted by the teeth, and partake of a contused character; in consequence of which the bleeding is not profuse. The edges of lingual wounds are always disposed to rise above the surface of the surrounding parts, and to be slightly everted, which follows from little fibrous tissue being present to check muscular contractility. To remedy this a compress may be retained in the mouth sometime after accidents, attended with breach of structure, until the part becomes settled in position.

When wounds are of a size and character demanding the application of ligatures or stitches, it becomes necessary to obtain perfect control of the organ, which is readily done by implanting into its substance a tenaculum. The silver wire is admirably adapted in such cases for retaining sutures.

The tongue requires to be drawn forward sometimes in profound anæsthesia, or in cases of suspended animation, in order that the entrance to the larynx may be free; and, for the same reason, in operations in which the anterior attachments of the organ are divided, as in the removal of the inferior maxillary bone, the precaution of securing the tongue by ligature, to prevent its retraction, should not be neglected. The relations of the organ to the larynx will be displayed when the post-palatine region is reached. The form of the tongue in different animals is only one of the many examples which we constantly see, of a mechanism or organization adapted to individual habitudes. In the cat it is rough, possessed of spines, admirably suited to rub off the flesh from bones. In cattle it is likewise rough, combined with great length, by which the animal is enabled to throw it around, and turn into the mouth standing herbage. In parrots it answers the part of a thumb, by antagonizing the superior mandible. Birds, which subsist on honey, have its extremity provided with a tuft of penicillous filaments, like a painter's brush, which is dipped into the bell of the flower, and the nectar drawn up. The woodpecker, preying largely upon insects, which are lodged in decaying timber, is provided with a tongue, the extremity of which is a well-shaped harpoon, and upon which they are impaled. In certain reptiles, as the toad, it is like a pair of forceps at the extremity, quite long, attached to the maxillary symphisis, and folded back toward the throat. In catching prey it is suddenly darted from the mouth, and the insect caught between the ends. Others, like the chameleon, have a linqual organ, greater in length than even the body itself, the surface of which is covered by a viscid secretion derived from numerous glands. When thrust out, swarms of diminutive insects settle upon it, and are at once glued fast. When it is covered, the animal draws it into the mouth and leisurely devours its repast.

*Gums.*—The alveolar processes of the jaws are covered by a periosteal, connective, and mucous layer, which constitute the *gums*. They are very firm in their consistence, in consequence of the amount of dense connective tissue present; they contrast in color with the neighboring parts, being paler, and being reflected around the necks of the teeth, present a beautiful festooned border. The surface of the gums is covered with numerous papillæ, which are found

most prominent in old persons. The epithelial layer is essellated. The glands which exist in the sub-mucous tissue of other parts of the mouth appear to be absent here, though they possess little depressions, giving the surface a cribriform appearance.

*Nerves.*—These proceed from the fifth pair. The normal sensibility of the gums is not great.

*Arterics* are derived from the *internal maxillary* and the *facial.*

Before the eruption of the teeth, the gums extend over the entire alveolar border; and again in the aged, after the teeth have fallen out, or are removed, and the alveolus disappears. The skeleton of the gums is the alveolar processes of the upper and lower maxillary bones. In the adult jaw, these contain each sixteen conical pits for the reception of the fangs of the corresponding teeth, and are lined throughout by a continuation of the periosteal layer of the gums, one portion of which, therefore, is applied to the sides of the cavity and the other to the root of the tooth. At the brim of the alveolar pits, the connective tissue accumulates in considerable strength around the necks of the teeth, embracing them like a collar, and forming the so-called *dental ligament.*

*Practical Remarks.*—Whenever the gums assume a red color it is an evidence of disease, though it is not to be forgotten that irritating substances, such as are often retained in the mouth, to relieve toothache, will produce increase of color, which soon subsides on the removal of the exciting cause. Though dense and devoid of much sensibility when free from disease, they may become excessively tender and painful when inflamed. This follows from the resisting nature of its fibrous constituent, subjecting, necessarily, the nerve filaments to injurious pressure. In cases of children such inflammations are produced by the contact of an advancing tooth, and every physician well knows the constitutional disturbance which frequently ensues, often developing frightful convulsions, by the communications between the fifth pair of nerves and the spinal marrow. Such irritation often aggravates and seriously complicates other infantile diseases. Hence the necessity for freely incising the gums, which not only opens the way for the crown of the tooth, but takes off the pressure of the inflammatory products from the nerve fibres. The cicatrix which follows the union of the gum tissue is very dense, almost cartilaginous in consistence, so that incisions should not be practiced too early, as the wound may heal over the tooth before it reaches the surface, and offer a much more formidable obstacle to its progress than the original gum. There are certain morbid states of the blood manifesting themselves upon the gums, such as scurvy, purpura, etc. They become swollen, livid, spongy, and bleed from the slightest touch. In depraved states of the fluids, white, cheesy flakes of lymph adhere to their surface, and often superficial ulcerations form. They may become inflamed from the specific action of certain medicines, as mercury, or lead. A granular state of the gums is occasionally noticed, due to an aggregation of the epithelial cells at certain points, among which may be detected many granules with cholesterine. These formations are the tartar glands of Serres. A white line, corresponding to the margin of the gums, is said to indicate incipient tuberculosis. Every form of ulceration may be met with here, from the simplest abrasion of the surfaces to the most destructive denudation of the bones.

Fibroid growths spring from the alveolar arches, such as *epulis*, which, commencing either in the connective or periosteal tissue, soon invade the contiguous bone and in their extirpation call for the removal of the latter; even erectile growths may originate in the vessels of this part.

Rheumatism may attack the gums; a variety depending on syphilitic taint is not unfrequently noticed. In all such attacks the fibrous element is the part affected, and in the latter may be attended with induration and thickening from plastic exudation.

In the aged, after the disappearance of the alveolar processes, the gums become both thick and dense, so as to enable them to comminute or bruise the food. The dissection of such a gum will exhibit the existence of white fibrous tissue of great density and possessing but few blood-vessels or nerves.

*Teeth.*—These are arranged in two parabolic curves in the upper and lower jaw, and called the dental arches. In almost all mammals there are two sets: the first remaining but a short time, called *temporary* or decidious; the second, for the entire life, called *permanent* teeth. The germs of both are lodged in the jaws of the fœtus. The first set, ten in number, in each jaw, commence to protrude about the sixth month after birth; those of the lower jaw first. By the end of thirty months from this period all the temporary set have made their appearance.

The permanent teeth begin to replace the others about the fifth or sixth year, and have all assumed their functional position in the jaw by the eighteenth or twentieth year.

They are distinguished from one another by specific names. Of the temporary class, twenty in number, there are four *incisors*, two *canine*, and four *molars* in each jaw. Of the permanent class, thirty-two in number, there are four *incisors*—two *canine*, four *premolars* or bicuspid; and six *molars* in each jaw. The canine of the superior maxillary are commonly termed *eye teeth*, and the corresponding ones in the inferior maxillary *stomach teeth*. The different parts of a tooth are distinguished by the terms crown or body, root or fang, and the neck. The first is the part above the gum, the second the portion implanted in the alveolar socket, and the third the constricted portion between the other two, embraced by the brim of the alveolus and the gum.

The crowns of the several varieties of teeth differ from each other. Thus, the incisors possess chisel or cutting edges; the canine spike-like extremities; the premolars two tubercles; and the molars four or five. All the teeth have a single fang or root, save the molars, those in the upper jaw having three, and in the lower two.

*Structure.*—A vertical section of a tooth displays four parts: a cavity in the centre, called the pulp cavity, surrounded on all sides by a structure resembling bone, called *dentine or ivory*, and which forms the great mass of the tooth, the crown of which is capped by a dense layer of a bluish white substance, the *enamel;* and, lastly, the root covered with a crust, the *cementum.*

*Dental Pulp.*—This fills up the central cavity, is of a soft consistence, and slightly red color. The anatomical elements of the pulp are blood-vessels, nerves, connective tissue, nuclei, nucleated cells, and an albuminous liquid. The blood-vessels and nerves reach the pulp cavity through canals in the fangs. The *arteries* which furnish these twigs are the superior and inferior dental branches of the internal maxillary, given off to each tooth as they pass along canals in the upper and lower maxillary bones; the *nerves* are derived from the *second* and *third* divisions of the fifth pair.

*Dentine.*—This consists of a great multitude of branching tubes, which radiate in all directions from the pulp cavity, supported by an intertubular matrix. Chemically, it consists of earthy and cartilaginous matters, the latter constituting about one-third of its substance.

*Cementum.*—This very nearly resembles, if not identical with, bone—possessing lacunæ, canaliculi, and sometimes Haversian canals.

*Enamel.*—No substance could be better adapted to fulfill the end in view than the one under consideration. It consists almost wholly of inorganic salts, and caps the crown of the tooth in the form of hexagonal columns, and, from its extreme hardness, capable of resisting the most powerful contact of the triturating surfaces.

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## Cases of Abnormal Urinary Deposits.

By A. W. Woodhull, M. D.,
Of Newark, N. J.

The cases which in this and subsequent articles it is proposed to present, have, from time to time, been detailed before the "Newark Medical Association." The list might have been greatly extended, embracing cases of much interest, which have yielded deposits of uric acid, urates of soda and ammonia, pus, epithelial cells, and tube casts; but these few have been selected as being perhaps of the greatest pathological importance.

It is greatly to be regretted that careful analytical examination of the urine is not more generally resorted to.

A mere superficial glance at a urinary deposit is not sufficient always to determine its true character. Even the correct knowledge of a deposit spontaneously thrown down, is often no clue to the perception of those hidden, dissolved excreta, which only the proper use of chemical agents can reveal. We must bring to our aid the test-tube, the laboratory, and the microscope. By making use of these means, we may facilitate and verify our diagnosis, avoid all experimental and worse than useless treatment, save time which may be of vital importance to the sufferer, discover the exhausting drain which gradually, but certainly, is wearing out our patient's life, and without delay administer those remedies which experience tells us will restore to a proper condition the functions of those organs employed in its elimination.

The particulars of these few cases prove this

if nothing more. And it is freely confessed that without a correct and exact knowledge of the character of these deposits the favorable results could never have been obtained. And my object will be much more than attained if, by thus presenting them, any practitioner of medicine may be induced to make the urine, with its pathological relations, the object of his close analytical study, and thus, while he experiences that pleasure which success always brings, have the additional satisfaction of being able, with clear perception and correct knowledge, to afford a greater amount of relief to those sufferers who seek for it at his hands.

CASE I.—CYSTINE.

Mrs. G——, aged 22; married; no children.

The patient in this case was neither anæmic, chlorotic, or much debilitated, and until quite recently enjoying general good health, performing all her functions in a regular manner, and being one in whom the physical signs would be least calculated to lead to a suspicion of the true nature of her malady. Upon investigation, however, it was ascertained that in earlier years she had been afflicted with scrofulous symptoms, and, indeed, yet retained some of their effects. She complained of what she termed being "bilious," with pains in her back and bones, loss of appetite, and of frequent sickness at her stomach. She had lost considerable flesh, was very nervous, and was subject to occasional attacks of genuine hysteria. Her tongue was slightly coated, her skin more sallow than usual, and her conjunctival membranes yellow. But the symptom for which she especially sought relief was severe dysuria.

Her sufferings were intense and prolonged, being frequently compelled to spend from half an hour to three hours attempting to perform the act of micturition, and even then only a small quantity of fluid would be passed.

Upon request four ounces of urine were obtained; all she passed through a night of great suffering. Its color was of a dull light yellow, and a pale pinkish deposit was formed, to the height of about one-third of an inch, in a four-ounce bottle.

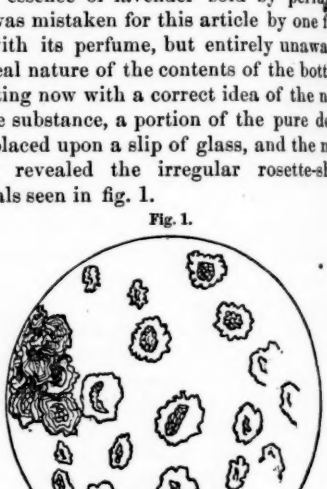
Its specific gravity was 1021—acid.

In 1000 grains there were 49 grains of solid matter. Considerable mucus floated in the fluid. It possessed all those physical characteristics which would lead one to immediately suspect the presence of the pale variety of the urate of ammonia. But applied heat produced no change. Upon the addition of dilute nitric acid the turbidity was slightly cleared up by the solution of a portion of the deposit, which the microscope proved to be the triple phosphates, while the greater part was unaffected.

Its true nature was not suspected until the peculiar odor was observed. This is generally described as like the odor of sweet-briar, but, in this instance, it seemed to resemble the refined essence of lavender sold by perfumers, and was mistaken for this article by one familiar with its perfume, but entirely unaware of the real nature of the contents of the bottle.

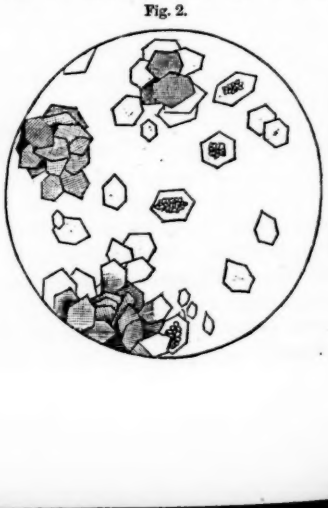
Acting now with a correct idea of the nature of the substance, a portion of the pure deposit was placed upon a slip of glass, and the microscope revealed the irregular rosette-shaped crystals seen in fig. 1.

Fig. 1.



Subsequently two drachms were placed in a test-tube, and a few drops of a strong solution of ammonia were added, which, upon agitation, completely dissolved the deposit. A drop of this solution was now placed upon a slip of glass and allowed spontaneously to evaporate, and with the aid of the microscope there were revealed clearly and beautifully shaped six-sided crystals of cystine. (Fig. 2.) (In both

Fig. 2.



the figures the dark portions are caused by the opacity which arises from the super-imposition of the crystals.)

A portion of the ammoniacal solution was allowed to remain in a bottle, and after a few days the white glass was stained to a dark reddish hue, being doubtless a deposition of the sulphuret of lead, formed by a combination of the sulphur in the cystine, and the lead which usually is found in the glass of bottles of this kind.

*Treatment.*—The treatment in this case was based upon the theory which we shall attempt to substantiate, viz: that the presence of cystine in the urine is caused by an inaction of those organs whose usual duties it is to eliminate sulphur from the system.

The dysuria and nervous systems were considered entirely hysterical, merely an evidence of the sympathy of the nervous organization with the general malaise of the system. The furred tongue, the sallow complexion, and the injected conjunctivæ indicated torpor of the liver, and the case was regarded as a striking example of the compensating powers existing between the liver and the kidneys—the latter performing the work for which the former, for certain reasons, was incapacitated. The result corroborated this view. The valerianate of iron, in grain doses three times a day, was administered to relieve the hysterical symptoms, and with the happiest result. The daily cold bath was ordered, and the quantity of fluid daily partaken of was recommended to be increased, to quicken the cutaneous action, as well as to lessen the specific gravity of the urine: and one of the following pills to be taken night and morning.

℞. Hyd. massæ gr. iij.
Ext. Taraxaci, gr. xxiv. M.

Div. in pil. No. xij.

The proportion of cystine began gradually to diminish, and at the end of the fifth day had entirely disappeared, leaving the urine, with a specific gravity of 1014, in a perfectly normal condition, and it has never since been possible to detect the least evidence of the presence of cystine.

*General Remarks on Cystine.*—Golding Bird, in his admirable treatise on urinary deposits, says: "Cystine has been found in urinary sediments by very few observers."

Its very rarity gives it additional interest when found.

But there are other considerations which cannot fail to awaken far greater interest in the mind of any one who will take the pains to trace out the existing relations between causes and effects, or diseases and their symptoms.

To the pathologist a deposit of cystine in the urine must ever be an object worthy of attention and study. It will lead him to the consideration of points hitherto not definitely determined, and should stimulate him to the use of his utmost endeavors to aid in the elucidation of those truths and relations which, now necessarily obscure, await the action of some master mind to raise the pall that invests them, and present them to us with clearness and precision. Much information yet is needed relative to the exact source of this anomalous substance. There are inquiries yet to be made, as to whether it is ever found other than as an abnormal ingredient of the urine—an indication of the diseased condition of some organ, or part of the system—and if always abnormal, what organic or functional impairment it indicates—and if the result of the functional derangement of any organ or set of organs, may its presence, under what seems to us to be precisely similar circumstances, always be detected—and are the kidneys the only organs employed in its elimination, or are they aided or supplanted in their office by the skin, the alimentary canal, or any other eliminatory medium.

Urine containing cystine is usually characterized by a rather low specific gravity, is often neutral, less frequently of acid reaction to litmus paper, soon becoming alkaline by keeping; it has usually a somewhat paler color than the healthy excretion, with occasionally a greenish tint; it is slightly turbid when passed, and becomes more so as it cools, the cystine being less soluble in the cold liquid; and it may generally be detected, when fresh, by a peculiar aromatic odor, often resembling that of sweet-briar, which upon the recurrence of putrefactive decomposition becomes exceedingly offensive.

*The tests* for the presence of cystine are either microscopic or chemical.

I. Microscopic. (*a.*) If a portion of the pure deposit be examined under a magnifying power of 250 diameters, it will usually appear as a mass of minute, irregular rosette-shaped crystals, as in fig. 1.

(*b.*) To a portion of the fluid containing the suspected deposit, add a few drops of the solution of ammonia; if it be cystine, it will readily

dissolve. Place a drop of the ammoniacal solution on a slip of glass, and allow it to evaporate spontaneously. The peculiar hexagonal crystals of cystine thus obtained are perfectly characteristic as presented in fig. 2.

II. Neutralize a portion of the ammoniacal solution, prepared in test I, (*b*,) with acetic acid; if cystine be present, it will be precipitated.

III. Cystine is slowly and sparingly soluble in concentrated nitric and hydrochloric, or in nitro-hydrochloric acids.

IV. It may be distinguished from urate of ammonia, which it very closely resembles by being unaffected upon the application of heat.

V. It may be distinguished from the earthy phosphates by its insolubility in acetic acid, its microscopic appearance, and its solubility in ammonia.

VI. It may be distinguished from chloride of sodium by its almost insolubility in water.

VII. Liebig's test. If cystine be dissolved in an alkaline solution of lead, a black precipitate of the sulphuret of lead will be produced. This test is fallacious, because all sulphuretted animal matters, such as albuminous or mucous substances, or bile, if similarly treated, yield similar precipitates.

The results of the investigations of the closest observers as to the primary source of cystine have not been entirely satisfactory. The weight of evidence, however, goes far to prove it a derivative of albumen, or of the structures into which albumen enters.

Now, it is well known that the blood is the source from which all the tissues of the body are derived, and from which all structural waste is supplied; also, to make room for this structural supply, the effete, exhausted material must be removed. Now, during the process of this metamorphosis, the elementary constituents of the albuminous tissues of the body are so arranged as to be converted into urea and uric acid.

But when from any disarrangement in these organs which have the property of assimilation or metamorphosis, the constituent atoms of the albuminous compounds do not so combine as to form urea and uric acid, we find formed what Dr. Prout has been pleased to term "certain ill-defined principles." Cystine, without doubt, is one of these "principles," and appears to be the result of derangement of those assimilative processes essentially connected with the excessive elimination of sulphur, of which it contains no less than 26.66 per cent. This theory of the albuminous source of cystine is more obvious when presented in the following manner, after Golding Bird:

Cystine consists of $C_6$, N, $H_6$, $O_4$, $S_2$.

| | C. | N. | H. | O. | S. | | C. | N. | H. | O. | S. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 atoms urea, | 2. | 2. | 4. | 2. | 0. | } = { | 12. | 2. | 12. | 8. | 4. | —2at. cystine |
| 1 atom uric acid, | 10. | 4. | 4. | 6. | 0. | | | 4. | | | | 4 at. N. |
| 1 atom sul. hyd. | | | 4. | | 4. | | | | | | | |
| | 12. | 6. | 12. | 8. | 4. | | 12. | 6. | 12. | 8. | 4. | |

The nature of this substance is rendered more remarkable on account of the close relation it presents in its composition to that of taurine, the sulphurized constituent of the bile, their percentages of hydrogen, nitrogen, and sulphur, being almost identical, the differences existing only in those of carbon and oxygen, as will be seen by the following comparison:

| | Cystine. | Taurine. |
|---|---|---|
| Carbon, | 30.00 | 19.20 |
| Hydrogen, | 5.00 | 5.60 |
| Nitrogen, | 11.66 | 11.20 |
| Oxygen, | 26.67 | 38.40 |
| Sulphur, | 26.67 | 25.60 |
| | 100.00 | 100.00 |

Thus there can scarcely be any further doubt but that we have one of those marked examples of the vicarious nature of the urinary and biliary excretions, the former taking upon itself the removal, under peculiar circumstances, of a product whose components should normally find their way into the latter.

The conditions of the system which as yet have been discovered favorable for the elimination of cystine, are the presence of chlorosis and the strumous diathesis, with hepatic derangement in probable conjunction with either or both. Golding Bird mentions a case in which extensive disorganization of the kidneys co-existed with a cystine calculus. Dr. Prout has seen fatty matter mixed with cystine in urine, and suggests the probability of its connection with fatty liver. It is quite probable that in either one, or in a combination of these conditions, there must exist a very great deficiency in the process of oxidation, and this supposition is strengthened by the fact that a majority of the cases in which cystine has been found have been of a strumous character.

We have previously established the strong probability, at least, of the albuminous source of cystine. We now begin to gain a little light as to which one of the protein compounds may produce it.

Experience makes us familiar with the cha-

racter of the blood of strumous patients. We know that the bulk of the coagulum obtained by stirring or beating it, is usually greater than that of healthy blood, yet this coagulum does not consist of well elaborated fibrin. We find it soft and loose, and it contains an unusually large number of white corpuscles, while the red corpuscles bear a very small proportion.

So also in chlorosis, we find a great diminution of the red globules, while the fibrin, if affected at all, is also diminished, and often of an inferior quality. Now, even though in the ordinary progress of these diseases we fail to detect cystine, yet, if under a certain condition we *do* detect it, and this condition be a complication with some hepatic derangement, or what is ordinarily termed "biliousness," is it not fair to refer the existence of this substance to *the imperfectly performed functions of the liver upon badly elaborated tissue?*

If this reasoning be logical, we certainly should expect to find cystine in other diseases which tend to produce in the system a like result. And it remains for future observers to determine whether, under such conditions, it may not be present in the advanced stages of Bright's disease, in leucocythæmia, in scurvy, or even in rapid cases of albuminuria, and thus establish the verity of our hypothesis.

The great majority of writers and teachers who refer to this point, concur in the opinion that a small amount of cystine may always be detected in the urine, even that of the most healthy character; in fact, that it is a normal constituent of this excretion. I must respectfully differ from this belief. I have never been able to detect its presence in the urine of persons who were supposed to possess perfect health, while, too, it has been absent in many who in various ways were extensively diseased. The urine of scrofulous persons does not always contain it, although traces of it may, I believe, oftener be found in such specimens than any others. Still, it is undeniable that slight evidences of its presence, as, for example, sparse, isolated crystals, may often be detected, and it may be in persons who *seem* to enjoy a tolerable degree of health; but all the weight of perhaps a limited experience goes to show the existence of some disease, either latent or developed, accompanied by either digestive or assimilative derangement. The hereditary character of the condition of the system which induces a formation of cystine is well established. By one observer it has been traced, with tolerable certainty, through three generations.

Cystine has never been detected in any other excretion than urine. But analogy would lead us to suspect its presence in the perspiration, whenever the state of the system is favorable to its elimination by the kidneys, for we know that the proportion of the solid matter in the perspiration varies from 5 to 12 parts in 1000. The greater part consists of organic matter, the larger proportion of which appears to be a protein-compound, in a state of incipient decomposition, and even pure urea itself has been detected.

Calculi of cystine are rarely met with. Their shape is usually an oval oblong. Their color is a tawny yellow, becoming green by age, and their consistence like that of wax, resembling stearine in appearance. The external surface is covered with smooth tubercles, or sharp crystaline projections, while the internal surface, when cut, is confusedly radiated, but not deposited in laminæ, and when broken exhibits a peculiarly refractive lustre. They never attain a very large size.

*Therapeutical Indications.*—Of these the present limited amount of our knowledge relative to the pathology of cystine compels us to speak with an indefiniteness which is greatly to be regretted. It has been so rarely detected, and even when it has been present and recognized, there has been wanting that minute, persistent analytical observation which is so requisite for satisfactory information. If our theory be correct, there must exist some unhealthy condition of the assimilative functions, and whenever this is detected, it of course must be corrected. The general health should be carefully attended to, and everything of either a mental or physical character which would have a tendency to interfere with it should be promptly removed. The diet should be full, generous, and nutritious, without being too rich; the clothing should be warm, with flannel next to the skin; sea-bathing should be recommended, in lieu of which the whole surface should be daily bathed in cold water, and a good reaction subsequently established by friction; the exercise should be just within the limits of fatigue, and the perfection of the digestive functions, as near as possible, completely maintained.

If it occur in a simply chlorotic patient, a mild cholagogue should, in addition to the preceding, be followed by full doses (ʒss. to ʒj.) of syr. ferri iodidi. If struma exists after due at-

tention to the proper action of the hepatic functions, the full force of our remedies should be directed to aid in its removal, or keep it in abeyance. Cod-liver oil, combined with vegetable or mineral tonics, should be freely administered, and every hygienic precaution observed. If the deposit do not readily disappear, attempts should be made to render the cystine in a state of solution while in the body, by the administration of nitro-hydrochloric acid, and thus, if possible, prevent the formation of calculus. All that we can do in the present state of our knowledge concerning this interesting substance is to meet the indications, as they severally present themselves to us, upon those sound principles of medicine which will never deceive us, and trust that with each new case additional information may be acquired, until we shall be able to refer its pathology to the action of certain known laws, and its treatment shall be as certain and as well known.

(*To be continued.*)

## Operation for the Radical Cure of Oblique Inguinal Hernia after the Method of Dr. Agnew.

By Jas. E. Garretson, M. D.,
Of Philadelphia.

The drawing of an instrument, employed in Dr. Agnew's operation, given in the Reporter, of the 17th inst., suggests that notes of a case—the first, I believe, operated on after this method—might not be uninteresting.

The instrument, as therein described and figured, consists of two semi-cylinders of metal, three and a half inches long, joined as levers, and acting like the ordinary ear speculum. These cylinders are separable by means of a screw passing through the handles.

On the internal face of the lower cylinder are formed two parallel longitudinal grooves; these grooves are for the purpose of guiding the long, spear-pointed needle, represented in the drawing, and which pertain to the wire loop required in the operation. The whole apparatus is very simple, quite easily used, and perfectly reliable, at least so far as relates to the accomplishment of the operative end aimed at.

The patient in my case, Samuel T——, is a fine healthy lad, fourteen years of age. His hernia, which has existed twelve years, had become scrotal. Examination of the canal showed its diameter to be that of the index finger—a most favorable case for this mode of operation.

The operation, performed Nov. 1st, 1860, in presence of several medical gentlemen, was commenced by putting the patient under the influence of chloroform. Anæsthesia induced, he was brought to the foot of the bed, when I took occasion to satisfy those present of the oblique character of the descent. Then making sure of the freedom of the entire canal from intestine, the little finger was capped in the upper third of the scrotum, and thus invaginated into the inguinal canal. The instrument was now oiled and made to take the place of the finger.

This last procedure seems to me to require some caution, as I can readily see that the surgeon might deceive himself, passing the instrument between the integument and tendon of the external oblique muscle instead of into the canal; the fixedness of the instrument, however, would, I think, secure against such mistake. Having progressed thus far, the handles of the instrument were taken in charge by an assistant, and the blades opened by turning down the screw. The wire-threaded needle was now taken up and passed along one of the grooves, and thus out through the parietes of the abdomen. Next, the eye was unthreaded, thus allowing the withdrawal of the needle. The protruding end of wire was now taken up, and in like manner passed along and out of the second groove, thus securing a loop which was to hold in situ the invagination; this loop was then drawn up, and the ends tied over a roll of linen.

In passing the needle, some little care seems needed to prevent wounding the scrotum, which tends to fall somewhat over the grooves. Such an accident is avoided by inclining the point of the needle inward, as it passes along the director, taking great care, however, to restore it to the original position on reaching the end.

Previously to commencing the operation three curved needles had been threaded with the ordinary silk ligature; these were passed, one after the other, through the open blades at different points along the canal.

A suggestion of Dr. Agnew, that the long needle be used to pass these transverse threads will not, I think, be found practicable. It seems to me that they cannot be passed with it. This is certainly the most deceptive part of the operation, and in a very fleshy patient I would advise the surgeon first to satisfy himself as to the strength, length, and curve of his needles. That I succeeded in this case happily and easily, I attribute to having needles of just the

right curve. I am sure that without such, the thing will be found difficult to do.

The operation being completed, a compress was placed over the canal, and secured with the common spica of the groin. A pillow was placed under the nates. Pulv. opii. gr. ½, administered, and the boy handed over to the care of his nurse.

The bowels of the patient were kept closed until the 7th, when a dose of oil was given. On the 8th the first thread was removed; on the 9th, a second; on the 11th, the third. A few drops of pus followed the removal of this last.

On the 13th, the wire was removed, the parts remaining satisfactorily invaginated. On this day, in the absence of the nurse, the patient accidentally swallowed four three cent pieces, and exposed the parts to much danger by efforts which he made to eject a cent which had gotten impacted in his throat.

Nov. 23d. So far as the operation is concerned, it seems a complete success. With the exception of some slight tympanitis, the result, probably, of a too low diet, the boy has not had a single untoward symptom, nor has he made a single complaint during the twenty-three days during which I have thought it necessary to confine him to his bed.

Nov. 27th. The patient is now walking about, perfectly well. No truss is worn, as a compress and bandage seem entirely sufficient to support the parts until firm consolidation has taken place.

I shall, in a year, make a further report of the case.

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## Poisoning by Strychnia—Recovery.

By J. B. Dunlap, M. D.,
Of Norristown, Pa.

Miss S. R——, aged 24 years, a resident of Norristown, in consequence of a disappointment in a love affair, endeavored to "shuffle off this mortal coil" by swallowing, at one dose, four grains of strychnia. In about one hour after taking the dose she was seized with terrific tetanic spasms, that continued with but slight abatement until Dr. W. C. Rogers and myself, who were sent for, arrived at the house of the patient, some two hours after the poison had been taken. She was put immediately on the use of opium and camphor in large doses, and chloroform and ether were freely administered. Under this treatment she recovered. I will remark that the patient was kept under the influence of the anæsthetic for about five hours, the spasms returning during the first three hours whenever the remedy was discontinued. The Miss. was also pregnant, and, in spite of strychnia and spasms, still promises fair to carry the product of conception to full term.

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# Illustrations of Hospital Practice.

## UNIVERSITY OF PENNSYLVANIA

### MEDICAL DEPARTMENT.

Service of Prof. Pepper.

### EPILEPTIFORM CONVULSIONS IN A YOUNG BOY.

A little boy, eight years of age, has been subject to convulsions since he was three years old. The convulsions come on mostly at night, and, from the description given, they appear to be of a mild, epileptiform character, there being a good deal of flow of saliva from the mouth, but no foaming. He will sometimes utter a scream, and then the convulsion comes on; after it has passed away, he generally goes to sleep. When the attack comes on during the day, he falls unconscious. The convulsions will come on sometimes every day; then again there will be an intermission for a week or two, during which he will be perfectly free from them.

His relative states that he appears to be "light-headed," simple, and shows more or less impairment of intellect and memory—otherwise he is healthy; his appetite and his digestion are good; he has never received an injury.

The first point to examine into in such cases, is as to any hereditary tendency to epilepsy. It does not appear that there has been epilepsy in the family of this little boy; on the contrary, we are assured that no disease of this kind has existed. This is a highly important and favorable fact in the case; for, there being no hereditary tendency, we are disposed to look upon the case as one rather of epileptiform convulsions than epilepsy.

Now, these epileptiform convulsions generally, if not always, arise from some local irritation, which, reflected to the cerebro-spinal centres, causes the convulsive movements. Not unfrequently dentition is one of these local irritating causes; at other times the presence of intestinal worms gives rise to the convulsions. In adult persons, habitually intemperate, we have often epileptiform convulsions—not true epilepsy—arising from local irritation. On inquiry we find that the patient before us, at about the

time when the convulsions first occurred five years ago, had some diarrhœa, and passed worms in considerable number, which, from the description, we judge to have been lumbricoids. He continued to pass them occasionally up to a year or two ago, since which time, however, none have been passed.

It is, then, quite probable that the local irritation from worms gave rise to these convulsions in the first place, and that they have continued from the same cause. At any rate, it is rational to treat the patient upon this assumption until we find out to the contrary.

The best vermifuge which we can use in his case is the common worm-seed oil, the oleum chenopodii; it is, besides, a good tonic and antispasmodic. Pink-root is objectionable in this case, on account of its irritable effects upon the brain, by which we would fear to increase his epileptoid convulsions. Let him take eight drops of ol. chenop. three times a day for three days, after which a dessertspoonful of castor-oil, with twenty drops of turpentine, and see whether he passes any worms. Should none, however, exist, we will be obliged to treat the case on general principles, and would then advise as a remedy, which has been found very useful in such cases, the actea racemosa.

These epileptiform convulsions, although not fatal, are a dreadful disease. They may come on at any moment, and the patient requires to be constantly watched for fear of injuring himself. Where the disease occurs from local irritation in young children, by removing the cause in time, it may be arrested; but, when it has been allowed to run on for years, the repeated irritation of the brain may lead to organic change, and the disease may continue, though with less severity, after the cause of irritation has been removed. The impairment of the intellect in this case is an interesting and important phenomenon. Many cases of imbecility and insanity are traceable to these epileptiform convulsions in infancy and childhood, which, though first simply of a reflex character, by long continuance, finally lead to serious organic changes in the cerebrum.

### INTERESTING CASE OF THORACIC DISEASE—RESULTS OF PLEURISY—DOUBTFUL PHYSICAL SIGNS.

This patient, a woman, 33 years of age, unmarried, came to the clinic for relief of some difficulty of her chest. She had been well until last spring, when she was attacked with pain in her side, and more or less cough and oppression of the chest.

On inspection, the lower part of right side is found to be somewhat bulging and more prominent than the left, and on measurement is found to exceed the latter at least one inch and a half. There is, on percussion, great dullness, and on auscultation the respiration is found to be feeble.

These signs leave no doubt that the patient has had pleurisy, and that there is considerable effusion in the right pleural cavity.

What is remarkable, however, are the physical signs present at the upper portion of the right lung. On percussion, both in front and behind, there is perfect flatness, while auscultation yields an intensely bronchial respiration, amounting behind to amphoric respiration to such a degree that we might at first be led to suppose the existence of a cavity. The patient, however, is not of tubercular diathesis; there is no hereditary tendency to phthisis in her family, and she has had none of the rational signs of pulmonary tuberculosis.

Here, then, we have a certain set of physical signs, which it is necessary to interpret; and it may be remarked that the correct interpretation of physical signs is often very difficult. We speak of the *rational* signs, in contradistinction to the *physical signs*, and yet it frequently requires a great deal more *reasoning* to interpret these latter, and to arrive at a conclusion, than with the former.

Now, in this case we have to account for the flatness and the intense bronchial, amphoric respiration over the right lung. There are two theories to explain these signs.

*First.* The lung, while being crowded up by the pleuritic effusion, there may have taken place extensive plastic adhesions at the apex of the lung, plastering it up, and producing the flat percussion sound by preventing its expansion, while, at the same time, the lung being healthy, but its vesicular portion more or less crowded together by the pressure from below and the firm adhesions above, this would produce the bronchial or amphoric respiration.

*Second.* These signs may be produced by the existence of miliary tubercles, with *intercurrent pneumonia*, leading to carnification of the lung. Intercurrent pneumonia in tubercles is frequently not accompanied by well-marked general symptoms, and even the local symptoms, such as expectoration, cough, are sometimes but slight.

The indications in this case are rather in favor of the first hypothesis. The entire absence of tubercular cachexia, the general good aspect of the patient, absence of fever, expectoration, and of cough, render it exceedingly improbable that it is a case of intercurrent pneumonia, and although it is rare to have such extensive adhesions so high up at the apex of the lung, the probabilities are that the first interpretation is the correct one. The lung thus being glued fast above, does not descend downward as much as it otherwise would, and this would account also for the extensive dullness and feeble respiratory murmur below.

Inclining to this view, though not excluding entirely the possibility of the first theory, the *treatment* should be directed to promote the

secretory functions and promote the absorption of the effused materials. For this purpose we shall order her

℞. Pulv. digitalis, gr. ss.
Pulv. scillæ, gr. iij.
Potassæ nitratis, gr. v.

three times a day, and iodine ointment to be applied freely to the side.

### DYSPEPSIA.

The patient, a man about 36 to 40 years of age, has been suffering, as he states, from oppression for some time. It was at first supposed that he had some affection of his chest, but on careful examination it is found that there is no organic disease of the lungs or heart. There is no tubercular tendency in his family.

His case is one of dyspepsia. He has been conductor on a railroad for eight years, having very little active exercise. Before he assumed that occupation he enjoyed perfect health. Since then his appetite has become bad.

For four years he has been suffering from constipation, frequently going eight or nine days without an alvine evacuation.

Cases of this kind are very frequent, and it is by no means rare to see serious trouble arise from long-continued dyspepsia, interfering with assimilation, the proper nutrition of the body, inducing an impoverished state of the blood, and thus leading finally to tubercular disease.

Persons in the position of this patient, besides being naturally inclined to constipation on account of want of exercise, often neglect, at the proper time, to follow the demands of nature, and thus aggravate still more the difficulty. Nothing is more important than to pay attention to this. Even when there is no strict call of nature, by making a regular attempt every day, a man may, without any medication, get rid of constipation.

It is important, however, to bear in mind that simple constipation is different from chronic dyspepsia. The latter may depend on insufficiency of the hepatic, or the secretions of the intestinal mucous membrane, or upon want of tone of the muscular coat of the intestines.

*Treatment.*—The patient before us has been in the habit of taking saline purges. Nothing is worse in chronic dyspepsia. It relieves the constipation temporarily, but leaves the digestive powers weaker. He should, if possible, abandon his present rather confined occupation and resort to active out-door work. A gentle tonic and laxative pill will be of benefit.

℞. Extract. colocynth. co.
Pulv. rhei. ā ā ʒi.
Ol. carui. gtt. xv.
Ft. pil. No. xxx.

Of these let him take one, two or three times a day.

His diet should be simple, easily digestible. Very often stewed peaches, prunes, etc., are resorted to as articles of diet. From the very nature of their indigestibility and liability to ferment, they act as laxatives, but weaken the digestion, and hence do mischief at the same time that they afford, perhaps, temporary relief.

White mustard seed and bran, which act mechanically in stimulating the peristaltic action, may be resorted to with benefit.

### ANEURISM OF AORTA.

The patient, a man about 56 years of age, with aneurism of the aorta, was at the clinic before, when digitalis was ordered. There is now less oppression, and a change for the better. He has some cough and more mucous secretion from the bronchi. His pulse is remarkably good; there is no œdema, and the tumor evidently does not yet encroach upon the posterior mediastinum.

His symptoms have recently improved, and there is hence some hope that consolidation may take place in the aneurismal sac. The tumor is smaller and the impulse less.

Recently, the digitalis has been omitted, and instead, he has been ordered the saturated tincture of aconite, which is also an excellect arterial sedative, and a good remedy to be used alternately with digitalis, in these cases. One drop four times a day, given in water, is sufficient, as the concentrated tincture is very powerful. The patient having used the aconite for awhile, we shall now again recur to the digitalis, and thus alternate, in the meantime regulating his diet and habits so as to avoid all excitement of the circulation.

### TAPE-WORM.

A woman, 30 years of age, married. For four years her health has been bad, especially during the last year, feeling some pain in the chest, losing flesh, being costive, sleep, restless, becoming very nervous, the least thing alarming her. Since that time she has passed pieces of tape-worm repeatedly. The longest piece discharged, consisted of 150 links, some 6 to 8 feet. The last which she passed, from 4 to 5 feet long, came away after being put on the use of aromatic sulphuric acid, which Dr. Darrach prescribed for her. There is, however, no trace yet of the head of the parasite, and unless that is discharged, the case cannot be said to be cured.

In reference to the diagnosis of tape-worm, there are no positive symptoms of its existence, except the discharge of pieces of the worm. Emaciation and loss of appetite are almost always present. It is stated by some authors that an inordinate, often voracious appetite, is a chief symptom of tape-worm, but in Dr. Pepper's experience there has always been loss of

appetite after the disease has existed for any length of time. It is so in this case.

*Treatment.*—The patient has undergone a great variety of treatment. She has taken two teaspoonsful of the oil of turpentine. This is too small a dose. When this remedy is resorted to, it should be given in decided doses. I have given an ounce of it at one dose with the effect of expelling the parasite entirely. In such doses the remedy produces some cerebral disturbance, delirium, symptoms of intoxication, but these soon pass off.

Pumpkin seed is one of our most valuable remedies in this disease. When resorted to, it should also be used in large doses.

We shall in this case continue the aromatic sulphuric acid for a few days, and, if not successful, resort to pumpkin seeds.

#### CHRONIC BRONCHITIS—EMPHYSEMA.

Patient a young girl, 18 years of age, complains of difficulty of breathing, with which she has been troubled more or less, especially during the cold season, for ten years. She does not remember to have had scarlatina or measles.

When the attacks come on, during the winter, she gets very much out of breath, becomes blue in the face, is disturbed at night by cough, obliging her to sit up all night. There is a great deal of wheezy respiration; some expectoration.

On *auscultation* we have sonorous râles all over the lung, but on percussion there is perfect resonance throughout.

The sounds of the heart are somewhat feeble and distant.

There is no hereditary tendency to tuberculosis in her family. She has never spit blood. Had there been any tubercular tendency in this patient, it would, with this long-continued difficulty, have shown itself before this.

The case, then, is one of chronic bronchitis, complicated with permanent dilatation of the air-cells, constituting emphysema. The air-cells being dilated, and the lungs overlapping the heart to a greater extent than normally, this explains the feebleness and distance of the cardiac sounds.

*Treatment.*—The disease is too chronic to allow us to reduce the patient by bleeding, or tartar emetic. It is best to give here some remedy which favors the absorption of effused material and the reduction of the thickened bronchi and dilated air-cells. For this purpose, we shall order her three grains of iodide of potassium three times a day.

The following stimulating expectorant will also be of service:

℞. Syrup. senegæ, f℥ss.
Ammon. carb., ℥ss.
Aquæ, f℥iiss. M.

Of which she is to take half a tablespoonful three or four times a day.

She should keep up gentle irritation of the chest by turpentine liniment.

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## JEFFERSON MEDICAL COLLEGE.

### Service of Prof. Gross.

#### INJURY OF THE BRAIN.

The patient is a man 38 years of age; his general health good. He presented himself at the clinic with strange feelings in his head, resulting, as he thinks, from an injury which he received on his head by a log passing over it, making a wound, and as his former physician thinks, a slight fracture of the skull on the top of the head; the wound, however, is healed. The patient sleeps well and has a good appetite, though his bowels are, at times, costive. He has not much headache, but a throbbing or beating through his head, with ringing in the ears, and an unnatural sensation in the back portion of his head and down the spine. His mind is sometimes confused, and these symptoms are all made worse on stooping. The pupils are natural, and no signs of paralysis are shown. There is a chronic inflammation of some part of the membranes of the brain, which, if not properly attended to, will produce bad results. The patient's diet should be restricted; he should be allowed no meats, nor anything that is stimulating; he should use no coffee nor tea, nor should he allow himself to be moved by any emotions. His bowels should move gently for three or four days, after which the antimonial and saline mixture should be given, and the head be wetted occasionally with a solution of opium and water. He should be confined to his room, and kept free from all excitements. Such cases are of much interest, and demand our careful attention. If they are neglected, the result would doubtless be death from chronic inflammation.

#### TRAUMATIC ERYSIPELAS RESULTING FROM A SURGICAL OPERATION.

The patient is a man about 30 years of age, and has been suffering from necrosis in different portions of his body for several years, particularly on the tibia. Three weeks ago he presented himself before the clinic on account of an ulcer on the tibia, the result of necrosed bone. The patient was placed under the influence of chloroform, when an incision was made down to the bone and the dead portions were scraped off. Two days after the operation there was a peculiar redness of the skin noticed, attended with pain, heat, and swelling; the pulse being frequent, bowels costive, and tongue coated; he was also occasionally affected with nausea, showing, evidently, a disordered condition of the digestive apparatus. This disease

may arise from very slight causes sometimes, particularly when it rages as an epidemic, such as a disordered condition of the digestive organs, or obstructed menstruation or perspiration.

*Treatment.*—The bowels should be regulated by a cathartic. He was ordered

℞. Hydrarg. chlor. mite, gr. viij.
Ext. colocynth, co. gr. x.
Pulv. ipecac. gr. j. M.

If his sleep should be disturbed, he should have an anodyne powder,—Dover's, or sulphate of morphia. His diet was ordered to be light, but nutritious. The limb was ordered to be placed at rest in an easy posture, and painted with the dilute tinct. iodine; a flaxseed poultice, with a small quantity of sulphate of morphia is then to be applied.

#### RESULTS OF FORMER CASES.

*Varicose Ulcer.*—Operation perfectly successful; patient exhibited no bad symptoms. (See REPORTER, Vol. V. p. 61.)

*Popliteal Aneurism.*—The patient has presented no untoward symptoms. The tumor has decreased about three inches in circumference and is perfectly solidified. (See REPORTER, Vol. V. p. 169.)

## Medical Societies.

### NEW YORK PATHOLOGICAL SOCIETY.

(*Continued from page* 206.)

#### TUMORS OF THE CHOROID—EXTENSIVE DISEASE OF THE EYE—EXTIRPATION.

DR. NOYES, of the Eye and Ear Infirmary, next exhibited an eye which he had extirpated about two weeks before. The patient, who was a young Polish Jew, had observed seven months previously that the sight of that eye was beginning to fail. It gradually faded away, and at the expiration of three months the eye was of no service to him whatever. On testing, there was found to be a very slight degree of vision remaining in it. No abnormal appearances were present about the organ—no congestion, no pain. The pupil was active, and the iris natural in color; but an unnatural hue was observable at the bottom, upon looking through the pupil. A tumor was diagnosed to be forming in the temporal side of the vitreous chamber, occupying two-thirds of the chamber, and situated either in the choroid or behind it. A tonic and alterative course of treatment was prescribed, but with no benefit. In three or four days he presented himself with general inflammation of the affected organ, which was thereupon extirpated.

A fibro-plastic tumor, 11-16 of a line in its long diameter, was found in the temporal region of the choroid, covered with its pigment, and developed from its stroma. Only one-fourth of the retina was in a normal condition, being pressed loosely over the tumor. The vitreous humor had been, to a great degree, absorbed. All the other parts were unchanged, save by the inflammation. The tumor, Dr. Noyes said, would probably have terminated in fungus hæmatodes. Its color was pink, without irridescence.

#### MULBERRY CALCULUS.

PROF. METCALFE exhibited a small, extremely sharp, and angular mulberry calculus, passed by a gentleman 59 years old, who had been in good health until the summer of 1859. During that summer he was in Paris, confined to the house by an ailment the nature of which was not obvious to his attending physician. The most prominent symptoms then were very severe pains in the loins, and nausea. He returned home, remained in good health until last summer, when he was seized, while residing on Staten Island, with a chill, fever, headache, nausea, and severe pain in the loins. These phenomena recurred paroxysmally, and were treated by quinine. Improvement followed, but the patient did not recover his former state of health. The paroxysms continued to recur very regularly, at intervals of a week or fortnight, with precisely the same symptoms. The longest interval which occurred was one of a month. During these attacks the patient suffered agony which it was fearful even to behold. Calculus was suspected, and the urine watched. Nothing, however, was found. About a fortnight ago he had a very severe paroxysm. The urine was examined, but nothing abnormal detected—no oxalate of lime, though it was specially looked for.

One morning it was found that he had been passing blood. The urine was deeply turgid, the clothes smeared, and pure blood found oozing from the orifice of the urethra. All the powerful symptoms had disappeared. The patient stated that he had heard something drop into the vessel containing urine. That something, was found to be the calculus exhibited. Prof. Metcalfe remarked the paroxysms occurred so regularly, that they were thought to be of miasmatic origin. The patient had been residing in a miasmatic district, and he (Dr. M.) had known just such attacks occur from that cause.

#### DISEASE OF THE AORTA—RUPTURE—EFFUSION OF BLOOD INTO THE PERICARDIUM.

DR. FINNELL presented the heart, with appendages, of a woman 35 years old, who was well,

up to the morning of her death, and on that morning attended to her usual household duties until about nine o'clock. She then complained of an uneasy sensation in her chest, and while conversing with a friend suddenly fell over and expired.

A slit was found in the aorta, and an accumulation of blood in the pericardium. The artery was thinned in its whole calibre; somewhat dilated at the region of rupture, but apparently free from atheroma.

PURPURA—CEREBRAL HÆMORRHAGE—APOPLEXY.

Also, the cerebellum of a woman, 25 years old, who had complained since October of general debility and prostration. No one organ appeared to be specially at fault, and she looked pretty well. She was put to bed, given good diet, and seemed to be doing well. She called attention to a number of bluish spots scattered over her body. Stated she had received no injuries—her husband had not beaten her, but had not given her enough to eat. Purpura was diagnosed. One afternoon, while conversing with a friend, she suddenly fell dead.

One-half the right lobe of the liver was found intensely congested, the blood flowing freely on section. The other half was almost free from blood. The intestines were spotted, and effusion existed in the areolar tissue surrounding the kidneys. These phenomena were supposed to be due to the same cause as the spots on the skin. The lungs, heart, etc., were all perfectly normal.

Upon opening the skull, a general effusion of blood was found under the duramater. The left lobe of the cerebellum was found lacerated in its whole length, and a large amount of coagulated blood existing in this region. The intellect had remained perfectly clear to the last.

Dr. Finnell also exhibited a portion of an apoplectic brain. The patient, a woman, while at breakfast on the morning of her death, remarked to a friend that she saw "owls' eyes;" that this had occurred two or three times before, and that it annoyed her excessively. Her friends advised her to be bled, but she would not consent. She went up stairs as usual after breakfast, to do something in her bed room, and a servant going up soon afterward, found her lying dead.

An effusion of blood was found over both hemispheres and at the base of the brain, and clots in the lateral and third ventricles.

Prof. Metcalfe, after examining the aorta belonging to the first case detailed by Dr. Finnell, said it appeared atheromatous, and as if an aneurism had been in process of formation.

Dr. Clark, in reference to the second case, asked if there had been found any effusion in the neighborhood of the foramen magnum.

Dr. Finnell replied that a large amount of blood was found in that region.

Dr. Clark said that, in his opinion, attacks of apoplexy were often suddenly fatal from sudden paralysis of the respiratory nerves, the result of effusions in this region. He related a case in point of a woman just recovering from typhoid fever. She was walking about the ward, and said to a woman that she had not felt so well since the beginning of her sickness. The last word of the sentence had hardly been uttered when she fell dead. A copious effusion was found at the base of the brain, around the foramen magnum, and the commencement of the medulla oblongata. He recollected several other cases of a similar nature. He remarked that the case of cerebellar apoplexy, as related by Dr. Finnell, was a rare one.

In answer to a question, Dr. Finnell remarked that, in the case of cerebellar apoplexy detailed by him, there was, apparently, no softening or fatty degeneration of the brain substance.

SPECIMENS OF FRACTURES.

Dr. Conant presented some thigh bones, as specimens of the results of fracture of the femur treated without apparatus. They had been obtained from Paris. He stated that in Paris, and especially in the Hotel Dieu, in the service of M. Jobert, no apparatus was used. The patient was made comfortable, and the resulting deformity regarded as of no moment. He had been informed by a young American physician that, in a residence there of six months, he had not known a single case recover with less than an inch shortening.

He also exhibited the bones of an ununited fracture of the ulna, of a fracture of both bones of the fore-arm, with anchylosis of the elbow, and of one similar to the latter, complicated with necrosis.

He merely presented the bones as specimens, without giving the histories of the respective cases.

A member then presented a femur taken from a patient the day before. There had been fracture of the neck, with impaction; the trochanters had both been split off, and the trochanter major displaced. The patient, who was a woman 84 years old, fell on the floor about eight weeks ago, probably striking on the trochanter major. No physician was called in for a week, and when he first saw her, she was lying in a bed in which she had been passing her urine, and the odor and filth were disgusting. On removing her, the nates were found excoriated by the urine. There was an inch shortening. She was treated by the adhesive strap, cord and weight method for a week or two, after which no treatment was employed, save that directed to the amelioration of the extensive sloughing bed sores which then existed. These latter

were very distressing. She was supported as much as possible by a stimulating and nutritious diet.

It was, he said, a remarkable fact, that in this case bony union had taken place to a considerable extent. The patient was very old, had been infirm for years, and was being continually reduced by the irritation and suppuration of the sloughing bed sores.

The larynx of a woman was next shown, in which ulceration and necrosis of the cartilages had taken place, with vegetations. It had been necessary to make an opening in the trachea to permit of respiration.

The Society then went into executive session, and soon afterward adjourned. C.

# EDITORIAL DEPARTMENT.

## PERISCOPE.

### TREATMENT OF SIMPLE FRACTURES BY THE STARCHED BANDAGE.

In the Clinical Records of a recent number of the London *Lancet* are the following judicious remarks on the treatment of fractures by the starch bandage:

The treatment of simple fractures of the extremities in the hospitals is now brought to a remarkably uniform system of an efficient but simple character, which leaves little to record or desire of novelty. There still exists, however, some difference in practice as to the application of starch bandages to the treatment of simple fractures. Occasionally we see this means employed within two or three days of the occurrence of the injury, in all ordinary cases of simple fracture of the lower extremities, including, with children, simple fracture of the thigh. Thus the period of confinement to bed is at once abridged to the narrow limits of two or three days, and the danger, tedium, inconvenience, and cost of protracted recumbence are avoided on behalf of the patient and the hospital—these cases so treated becoming outdoor patients very quickly. Elsewhere, the starch bandage is employed very little, or at a later stage in the treatment of the case, and thus the period of confinement is considerably prolonged; so that although the system of treatment by starch bandages is everywhere recognized and appreciated, it does not seem to be employed to the fullest extent.

The manner of applying the bandages does not vary greatly. Some surgeons surround the limb first with a layer of cotton wool; others find it sufficient to pad the osseous prominences only. When employed at an early stage of the fracture, it is necessary to apply moulded pasteboard splints between the starched bandages, or some other similar stiffening material. In a patient of Mr. Coulson, at St. Mary's Hospital, whom we lately saw, the subject of fracture of the fibula, he directed the application to be made thus:—The splints were removed, and the limb padded and bandaged. The bandaged surface was thickly painted with a preparation composed of equal parts of gum, chalk, and starch, which had been rubbed through a sieve to make it sufficiently fine. Mr. Coulson then caused successive perpendicular strips of bandage to be applied on the inside and outside of the leg. The limb was a second time bandaged, and a second time painted. The lad was made an out-patient, and has done well.

### TYPHOID FEVER—RELAPSE.

Our readers will remember that a few months ago we reported (vol. iv. p. 451) a case of typhoid fever, occurring in the Pennsylvania Hospital, under the service of Dr. J. FORSYTH MEIGS, in which a relapse of the disease, during convalescence, was accompanied by a *second abundant crop of the rose-colored lenticular eruption*, characteristic of typhoid fever.

A similar case is recorded by Dr. FLINT in the New Orleans *Medical News and Hospital Gazette* for November.

The patient, a young man, nineteen years of age, was dismissed, convalescent, on the eleventh day after admission, having had rose spots six days before.

Thirteen days after this he entered again, having been to work. He went through a second attack with the characteristic eruption.

Dr. Flint remarks, that in his experience a true relapse of typhoid fever, with a repetition of the eruption, is extremely unfrequent, he being able to recall but one case in addition to this one.

In all these cases, especially in the two reported by Dr. Flint, the patients were either dismissed or allowed to walk about as soon as convalescence set in, and before their system could possibly have been brought back to normal nutrition. We firmly believe with Dr. MEIGS that too early exertion is the chief cause of relapse in typhoid fever, and that the attention of the physician should extend beyond convalescence, and the patient not be allowed to walk about, or exercise, until his digestive and assimilative powers have fully recovered.

### ARSENIC IN CHINA.

The good effects of arsenic, as a general tonic, to which considerable attention has, of late, been directed by Continental observers, are apparent from a case of chorea, which occurred under the care of Dr. Willshire, in the Charing-Cross Hospital, and reported in the *Lancet*.

Arsenic, the report says, has never been found to fail in the hands of Dr. Begbie, of Edinburgh, after, it is stated, an experience of thirty years. A girl, eleven years of age, was admitted in the hospital, with symptoms of chorea existing for many months, and affecting the whole body. The disease arose from no apparent cause; she never had rheumatism, nor have her parents. Splints were applied to the arms, one at a time, and she took the liquor arsenicalis to the extent of from twelve to fourteen minims in the twenty-four hours. Under this treatment she completely recovered in four weeks. The fingers of each hand remained a little stiff for sometime on the removal of the splints, but they soon regained their natural powers.

### PRESSURE AS A PREVENTIVE OF INFLAMMATION.

Dr. Cooper, of the San Francisco *Medical Press*, makes the following judicious remarks on this subject:

"We have long been in the habit of applying a roller, as tightly as the patient could bear, over the extremities, to prevent inflammation, in cases of operations for pseudarthrosis, exsections of bones, or accidental injuries.

"Not only can compression be relied upon to keep down inflammation before it is established, but painful parts are often relieved by it.

"Such is our confidence in the efficacy of pressure in preventing inflammation after injuries, that there are many operations we are constantly performing, successfully, that would not be attempted at all, were it not that we can anticipate and prevent inflammation by pressure, applied by means of rollers. Its reliability and efficiency render it invaluable.

"How can there be increased redness or swelling without an increase of blood in the parts? And if there is no swelling or flow of blood to the part, the heat and pain will be prevented. So that it is easy to perceive that, by preventing the blood from flowing into the part, we prevent the inflammation.

"Even after inflammation is established, pressure will often be found not only unirritating, when applied upon the arterial trunk supplying it, but directly to the part itself."

### A SIMPLE SUBSTITUTE FOR LALLEMAND'S INSTRUMENT.

Dr. Porcher, of Charleston, introduces an ordinary catheter as far as the mouths of the seminal vesicles, and then pours into the extremity of the instrument a solution of the nitrate of silver.

### A NEW SUGGESTION FOR THE RELIEF OF STRANGULATED HERNIA

Is made by Dr. S. Oliver in the *Lancet*. The abdominal muscles are to be relaxed by elevating the patient's chest and thighs while he lies on his back. The taxis is now resorted to while the assistant sinks his hands into the hypogastric region of the abdomen, and moves them upward toward the ribs.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, DECEMBER 1, 1860.

## A PLEA FOR BEARD.

The evidences of human progress are displayed in the reformation of abuses and the avoidance of accustomed errors, as well as in making discoveries, or in striking out new paths in the ways of science. One of these evidences, among the male part of humanity, at least, is the avoidance of those extreme caprices of fashion by which the beauty and simplicity of nature is substituted, and the human form disfigured. Men in enlightened nations no longer shave off their own hair and put on their heads the hair of another, and then dust it thickly over with white powder. The waist is no longer laced to an effeminate attenuation, and tinseled trappings and ruffles are seen no more. The distortion and disfigurement of nature is now left to the anthropophagist who tattoos his skin, to the celestial who produces an artificial talipes, and to the savage whose lip, ear, or nose is slit, or whose skull is flattened to his taste by compression.

Society is beginning to think that the designs of nature in the formation of the human body are with an object for our welfare, and most in accordance with true beauty and harmony.

In recent times, a single practice is the only interference with the evident designs of nature which customs of gentility tolerate. This is one of comparatively modern invention, and as an adopted habit, dates no more remotely than to the coronation of Louis XIII. of France, who ascended the throne at the age of nine years, and in adulation to whose beardless face his courtiers commenced the foppish practice of *shaving*. Since that time the fashion of closely shaving the face has, like other fashions, been repeatedly abandoned and revived.

A bearded cycle is now upon us. The razor

is becoming an obsolete instrument, and much of the barber's "occupation 's gone." We cannot determine whether this almost universal wearing of beard has been adopted as a mere caprice of fashion, a rational change in taste, a time and labor saving design suited to a fast age, or as an intelligent appreciation of its hygienic advantages.

Be it as it may, the practice has been for years gaining among the refined and intelligent classes all over the world, and much in every view of the matter can be claimed for it, whilst nought but the fogyish partiality for old usages can be argued against it.

The wearing of the entire beard has become general in Europe, and even the English, heretofore the most closely shaven of all nations, has at last adopted the "valenced" face.

Of beard as a fashion, or of its "formal cut," we are unconcerned, and care not whether the moustache be in imperial loyalty turned up and twisted at its points, or, in the style of the radical, turned obstinately down, but we desire to repeat some ascertained facts in the hygiene of beard.

Dr. Agnew says:—"There are many reasons for believing that the beard should not be removed. In cold localities it is an important defence. The skin of the cheek is delicate, and is underlaid by a network of both motor and sensory nerves of the fifth and seventh pairs, which are peculiarly impressible by the influence of low temperature. Almost every one has felt the stiff and paralyzed condition of the face when, unprotected, it has been exposed to the frosty air of a winter day, and also the chattering teeth. Both toothache and neuralgia have been entirely removed by allowing the beard to grow. So in warm situations, it serves as a defence against the irritating effects of the sun's rays, preventing tan, freckles, inflammation, and desquamation; thus it is very common to find boatmen, and those employed about the water, cultivate a luxuriant growth of beard to obviate these inconveniences.

"The moustache is well situated, not only to defend the lip, but to arrest and entangle particles of dust which would otherwise be drawn into the respiratory passages."

"Mr. Chadwick asserts, that travelers in Syria and Egypt suffer so much from the small particles of sand which fill the air, that they really find it necessary to delay the wilderness journey until their moustaches have grown. To all, therefore, whose occupations expose them to dust, such as threshers, millers, smiths, etc., the preservation of the growth will be useful."

The London *Lancet* has taken a decided stand in favor of bearded faces, and in an article censuring a military officer for enforcing the soldiers under his command to shave, makes the following proper remarks:—"Nature has ordained that the face of a man shall be protected in certain parts by a hairy covering. Be it for use, be it for ornament, or be it for both, there it is in the form of beard, moustachios, and whiskers. These constitute as necessary a structural appendage to a man as the mane to the horse and lion, the antlers to a stag, the horns to the ox, or the bristly whiskers to old grimalkin. The growth and perfection of these appendages are closely associated with strength, masculine power, and virility, and although often regarded as supplementary organs, they indubitably severally owe their origin to a *necessity* of the animal frame. With the facial hirsute appendages of man important authorities have fallen out. The former appear worse than useless to them; they are positive nuisances, so let them be abolished! Nature shall be corrected for the mistake she has made by witnessing her best-formed and strongest specimens of humanity rubbed well over with yellow soap every morning, and scraped with a razor. A red, glazy, pimply chin, raw nostrils, hoarse voice, sore throat, and feminine or 'lily-livered' appearance, shall henceforth grace the stalwart forms of our policemen and soldiers! We hope that science and common sense will come to the rescue, and not only let soldiers and policemen continue to wear upon their faces the natural covering they have been given, but induce wheezing, sneezing, sore-throated, shivering mortals, who have hitherto trembled more at the keen edge of a January air or March

wind than of a razor, to cease wasting their time at their ridiculous matutinal operation, and face their fellow-mortals like *men*. Bichat long ago asserted, that although numerous causes might exist to produce debility of the system in coincidence with the presence of beard, yet the general impression must be that there exists 'un certain rapport entre elle [la barbe] et les forces.' It is probable, says the great physiologist, that the muscular energy is, up to a certain point, connected with the beard, and that this energy always diminishes a little when a man deprives himself of that appendage. * * * * The well known traveler, Mr. St. John, says that Walter Savage Landor was a great sufferer from sore throat for many years of his life, and that he lost the morbid disposition only by following the advice of the surgeon of the Grand Duke of Tuscany, viz: to let his beard grow. According to Mr. Chadwick, the sappers and miners of the French army, who are remarkable for the size and beauty of their beards, enjoy a special immunity from bronchial affections. What can be more absurd than to compel men exposed to all kinds of climatorial severities and changes, as are soldiers and policemen, to rub a strong alkali daily upon their faces, and then scrape the latter over with a sharp instrument! * * * * * * * * In our opinion, it would be a far more rational procedure upon the part of people in authority to compel those in their power to allow their hair to grow, than to make them shave it off. This much might, at any rate, be said in favor of the one, that it must be for the grower's own benefit, since he followed Nature; whilst all that could be legitimately adduced to support the other must be, that it pleased the commander's very queer fancy. As regards certain public servants, too, like soldiers and policemen, the right which we have to enforce a particular garb or uniform upon them, and the necessity which exists for so doing, do not extend to tattooing them, nor even to that simpler mutilation—shaving—which is akin to it, seeing that it entails the loss of an important structural appendage bestowed upon them by Nature."

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Small-pox is prevailing in an obscure locality in the city. The Board of Health have taken active measures to prevent its spread.

## MORTALITY OF CITIES.

A monthly summary from our corrected weekly mortality tables for the four weeks ending October 20 and 27, and November 3 and 10, for the three cities, Philadelphia, New York, and Baltimore, is as follows:

| | Philadelphia. | New York. | Baltimore. |
|---|---|---|---|
| Total deaths | 845 | 1,521 | 348 |
| Males | 440 | 788 | 157 |
| Females | 405 | 733 | 162 |
| Sex not stated | ... | ... | 29 |
| United States | 642 | 983 | ... |
| Foreign | 178 | 536 | ... |
| Nativity unknown | 25 | 2 | ... |

The following is a summary of the most important zymotic diseases, and of the chief tubercular affections—consumption, marasmus, and hydrocephalus:—

| Causes of Death. | Philadelphia. | | New York. | | Baltimore. | |
|---|---|---|---|---|---|---|
| | Whole number. | Per cent. | Whole number. | Per cent. | Whole number. | Per cent. |
| Croup | 21 | 2 1-2 | 60 | 3 9-10 | 23 | 6 6-10 |
| Chol. Infantum | 6 | 7-10 | 25 | 1 6-10 | 0 | ... |
| Diphtheria | 59 | 7 | 30 | 2 | 1 | 3-10 |
| Dysentery | 2 | 1-4 | 18 | 1 1-5 | 3 | 9-10 |
| Erysipelas | 7 | 4-5 | 7 | 1-2 | 1 | 3-10 |
| Typhoid Fever | 15 | 1 3-4 | 26 | 1 7-10 | 8 | 2 3-10 |
| Typhus Fever | 2 | 1-4 | 26 | 1 7-10 | 0 | ... |
| Scarlet Fever | 77 | 9 1-10 | 75 | 4 9-10 | 11 | 3 2-10 |
| Whooping-Cough | 1 | 1-10 | 13 | 9-10 | 7 | 2 |
| Measles | 2 | 1-4 | 4 | 1-4 | 2 | 6-10 |
| Small-Pox | 8 | 9-10 | 25 | 1 6-10 | 0 | ... |
| Consumption | 95 | 11 1-4 | 211 | 13 9-10 | 55 | 15 8-10 |
| Hydrocephalus | 13 | 1 1-2 | 48 | 3 1-7 | 11 | 3 2-10 |
| Marasmus | 38 | 4 1-2 | 84 | 5 1-2 | 0 | ... |

In reference to age we have the following:—

| Ages. | Philadelphia. | | New York. | | Baltimore. | |
|---|---|---|---|---|---|---|
| | Whole number. | Per cent. | Whole number. | Per cent. | Whole number. | Per cent. |
| Under 5 years | 391 | 46 1-4 | 727 | 47 8-10 | 167 | 48 |
| 5 to 10 " | 61 | 7 1-5 | 65 | 4 1-4 | 17 | 4 9-10 |
| 10 to 20 " | 37 | 4 1-3 | 46 | 3 | 21 | 6 |
| 20 to 50 " | 218 | 25 3-4 | 445 | 29 1-4 | 77 | 22 1-10 |
| 50 and over | 138 | 16 1-3 | 228 | 15 | 63 | 18 |
| Unknown | ... | ... | 10 | 6-10 | 3 | 9-10 |

A dimunition of nearly 1 per cent. in the deaths under five years in Philadelphia and New York is here perceived, as compared with the previous four weeks. Baltimore presents 2-10 per cent. more. But both Baltimore and Philadelphia report the still-born; New York does not; hence the report appears more favorable to the latter city than is really the case.

There is nothing remarkable as regards zymotic diseases, except that scarlet fever and diphtheria are more prevalent in Philadelphia

than in either of the other cities. The per-centage of these diseases is:—

| | | |
|---|---|---|
| Philadelphia | 16 | per cent. |
| New York | 6 9-10 | " |
| Baltimore | 12 | " " |

The principal tubercular diseases present the following per-centage:—

| | | |
|---|---|---|
| Philadelphia | 17¼ | per cent. |
| New York | 22½ | " |
| Baltimore | 19 | " |

In our next monthly resumé we shall be able to include New Orleans, and perhaps some other cities.

## SPIRITUAL MÜNCHHAUSENISM.

Our readers will probably remember that we published, sometime ago, an account of Prof. CARNOCHAN'S sickness, *item*—a dissecting wound from which that eminent surgeon suffered severely. Very grave general symptoms supervened, and the gentleman had a narrow escape from the effects of a severe septicæmia. But he recovered; and so far, so good.

Not, however, "so far, so good," as far as concerns one L. Judd Pardee, who so signs himself, and his friend, one "Doctor" I. G. Atwood, 88 East Sixteenth street, both of New York. If there were a grand anniversary dinner of all the Münchhausens on this globe, and there were a dispute among the innumerable host as to who was most worthy to preside over that dinner, and, as might be expected, there were danger of breaking up in a row, and we were called in as impartial arbiter, we would place L. Judd Pardee at one end of the table and I. G. Atwood at the other, and feel comfortably sure that, give them a chance, they would be able to convince all assembled that none of them all ever told a lie in his life.

In order not to spoil the joke, we affix the following, extracted *verbatim et literatim* from a country newspaper, which a friend had the kindness to send to us:

"A PHYSICIAN HEALED BY SPIRITS.—The following appeared in the *Daily Tribune* of August 14th:

"'Dr. Carnochan, who has recently suffered from an absorption of virus from a dead body which he was dissecting, is rapidly recovering, and though he will be deprived of the use of his hand and arm for some time, will eventually recover from the effect of the poison. It was feared that the disease had progressed so far, at one time, that he would have to undergo amputation to save his life.'

"The writer of the above paragraph was doubtless ignorant of this important and noteworthy fact, namely, that the gradual recovering of Dr. C. is due to the offices of a *healing medium*, Dr. I. G. Atwood, of 88 East Sixteenth street, of this city. I am personally informed of the particulars of this interesting and critical case, and am free to affirm that the eminent surgeon indicated, owes his life, I think, to the manipulations and magnetic healing force of Dr. Atwood. Friend A. was called in at the eleventh hour, so to speak, when all applied remedies had failed to arrest the disease, threatening mortification and death, and by simple manipulation alone, soon effected a change, and up to now a rapid recovery. I would remark that though friend Atwood was not called in ostensibly as a healing medium, (Dr. C. probably not recognizing such a branch of remedial institutionalism, though an acceptor of the uses of animal magnetism,) he himself attributes his power and success to his mediumship. I believe he is still in attendance upon the case, though he informs me the patient is rapidly convalescing, and may not in a day or two need further manipulative attention. I think this, Messrs. Editors, one of the most marked instances of the potency of a spiritual magnetic force imparted through and by a healing medium, and but goes to swell the list of *miraculous*, that is, *wonderful* things effected by a super mundane agency. By-and-by, it seems to me, healing mediumship will assume, as it will command, that rightful position of positive power and influence in the remedial institutions of the land now denied it.

"Yours truly, L. JUDD PARDEE.

"*New York City, August* 15, 1860."

We believe in "spiritual" treatment in cases of septicæmia, limited, however, to Spiritus Vini; and really we are glad—as L. J. P. informs us—that Dr. Carnochan probably does not recognize the magnetico-spiritual remedial "institutionalism."

The Spiritualists claim that their mediums are moved by "spirits," and that there are spirits of different kinds. If Münchhausen himself has not spoken through L. J. P. and I. G. A., it must have been one of his first cousins.

## PHILADELPHIA HOSPITAL.

The Board of Guardians of this city has passed a resolution asking Councils for an appropriation of four thousand dollars for the purpose of erecting a new lecture-room and

Pathological Museum at the Philadelphia Hospital; and the Common Council will, we understand, undoubtedly grant the appropriation. This is a step in the right direction. Although the present lecture-room of the hospital is very ample, seating about a thousand persons, its location is too far removed from the main wards, rendering the transport of patients annoying and tedious, or interfering with other hospital arrangements.

The new lecture-room and museum will, probably, be erected near where the apothecary shop is at present, on the north side of the buildings, and thus will be of direct and easy access.

The clinical lectures in progress at this hospital continue to be attended by large numbers of students, and the comparatively empty benches at the Pennsylvania Hospital, show the doubtful propriety, at least, of the policy of its government in not making clinical teaching free to students.

## Correspondence.

### EUROPEAN CORRESPONDENCE.

*Paris, November* 15, 1860.

#### LEROY (D' ETIOLLES.)

Messrs. Editors:—You have, of course, learned from other sources the death of Leroy d' Étiolles, in August last. Leroy (d' Étiolles) was certainly a very remarkable man, and in him France lost another of those stars in medical science, who have thrown so much lustre upon medical science. I avail myself of an able discourse, delivered a few weeks ago, at a meeting of the *Société de Médicine du département de la Seine*, by Doctor Boys De Loury, to present to your readers the most prominent points in the history of his life.

Leroy was born at Etiolles, in 1798. When but sixteen years of age, he joined (in 1815,) the royalist volunteers in the Vendée; soon, however, he was forced to quit his bellicose position.

Commencing to study medicine at seventeen, he graduated at twenty-four; and he had scarcely done so, when his name became associated with one of the most useful and brilliant inventions of our art, in this century.

By some curious coincidence, three young physicians then labored, independent of each other, yet at the same time, at the discovery of lithotrity. While Amussat demonstrated the structure of the urethra, and called attention to the straight direction of this canal, by which Ambrose Paré had already been enabled to introduce a straight sound, Leroy presented to the Institute his three-branched forceps, with which the calculus could be seized in the bladder; and, finally, Civiale, with other instruments, making the first application on man.

Long lasted the debate before the Academy of Sciences in reference to the priority; the commission presented successively four reports, the last in 1831, on this important discovery. It is related that when Leroy first submitted his views on the matter to the venerable Boyer, the latter kindly advised him not to waste time in following such reveries. But the honest and wise professor did not, at a later period, disdain to call the young Leroy to his aid, whenever a case of calculus presented himself before him, and even the illustrious Dupuytren allowed himself to be guided by the lights of his intellect.

Leroy, having once opened his career in so brilliant a manner, kept on working; the diseases of the urethra, as well as the bladder were made the object of his study; dilators, the articulated curette, instruments to cut strictures, to carry caustic to any fixed point of the canal, he successively invented. His ardor also led him to contribute to other parts of science; animal electricity, observations on the contraction of muscular fibre, experiments on the transfusion of blood, the treatment of hydrocele by elecro-puncture, his great clinical and statistical researches on cancer, all show an arduous and indefatigable worker.

In discussion and debate Leroy was powerful, and if occasion called him forth, he was one of the most witty and sarcastic debaters in the French Academy. His sickness was a short one.

#### A NEW TREATMENT OF PHTHISIS.

Within one or two years we have had two new modes of treating phthisis, proposed. The first was by continued doses of sugar of lead. The last is more "*Frenchy*" yet.

It is nothing more nor less than tartar emetic in Rasorian doses, long continued. The author of this newest "cure" is Professor Foussagrives, of Brest, whom your correspondent wishes all manner of success, except *patients* upon whom to try his Rasorian method.

It is, however, but fair to state that he recommends this treatment only during the *febrile progress* of the disease, especially when there is a tendency to intercurrent pneumonia or bronchitis. The diet should be nutritious at the same time, in the highest degree, and he says that under these circumstances the antimonial has an action upon the general health of the patient decidedly similar to that of arsenic. *Credat Judæus*, etc., etc. You know the quotation.

To avoid vomiting and gastric and intestinal irritation, the tartar emetic is combined with opium and some aromatic water.

### GENERAL ASSOCIATION OF THE PHYSICIANS OF FRANCE.

This, similar to the American Medical Association, is a delegated body, representing at present fifty-three local societies, comprising forty-six departments. Within the last year or two more interest has been manifested in its behalf than formerly, and it promises to become one of the most important medical societes on the Continent.

I had the fortune of being introduced by Dr. D—— at its opening session, held October 28th, when Mr. Rayer delivered the opening discourse, from which I give you an extract, leaving your readers to judge how much of it is applicable to our own American Medical Association:—

"The general association, by an indirect influence, controls medical instruction. It is this high and sure intellectual position which enables us to combat charlatanism, this deplorable and shameful parasite of medicine, without fear that this conduct will be attributed to professional interests alone. No doubt, these interests are worthy of all consideration, and our association has for its cause and for its aim the legitimate pecuniary objects which they inspire. But such is our connection with the public interests, that of the two—society and the medical body—it is of most importance to the former that we be vigilant. What are on one hand pecuniary losses, compared, on the other, with irreparable losses of health and life; and, in a general point of view, what is our grief to be abused and misunderstood, in comparison with the social sorrow, in seeing so many men of the higher classes, of those who ought to possess more reason and enlightenment, espouse the grossest errors, presented by cupidity, by ignorance, and false science!

"Yes! if the medical organization interposes itself between society and charlatanism, it performs a duty towards the former rather than exercising a right profitable to itself."

These sentiments were received by the society with unanimous applause.

### SCHOOL OF MEDICINE.

Yesterday the regular winter course of the Faculty commenced. I give you the Faculty as it stands at present:

| | *Professors.* |
|---|---|
| Medical Physics | Gavarret. |
| Medical Pathology | Natalis Guillott. |
| Operations and Appliances | Malgaigne. |
| Medical Chemistry | Wurtz. |
| Anatomy | Jarjavay. |
| Pathology and General Therapeutics | Andral. |
| Surgical Pathology | Denonvilliers. |
| Medical Clinic | Bouilland. |
| | Piorry. |
| | Rostan. |
| | Trousseau. |
| Surgical Clinic | Laugier. |
| | Jobert. |
| | Velpeau. |
| | Nélaton. |
| Obstetric Clinic | P. Dubois. |

Yours, IATROS.

### THE NEW DEGREE.

———, *N. J., Nov. 26th*, 1860.

MESSRS. EDITORS:—Last week's issue of the ever-welcome REPORTER has been received, "and contents noted," as business men say in their correspondence. I was very glad to see that in the editorial department you again discuss the subject of a new title for our profession in this country. I have noticed with much satisfaction that this idea of a second title, one that shall be a standard for our *whole* country, is fast gaining friends. And why should it not? What have we to distinguish us from the illiterate quack, who has procured a diploma at a *chartered* institution, where ignorant or disappointed men, with foolish, impracticable, and uncalled-for ideas of "reform," speciously dole out illogical assumptions, based on false "principles," by the hour, and call it medical teaching?

"Doctor" is a generic title, applied by the public in common to the graduates of our most distinguished schools of medicine, and to those presumptuous men found in most communities, who, whether diplomaed or not, affect a knowledge of the human system in health or disease that they do not possess, and an adaptation of remedies to diseased conditions that they are utterly ignorant of. I was going to cite some instances, but it would be unnecessary, as all your readers are familiar with them.

Your article, if I understand it rightly, is intended to elicit discussion, and I desire, very briefly, to present a few thoughts suggested by it. Assuming that it would be proper to appoint Boards for the purpose of examining candidates for the new degree which the REPORTER has so long advocated, you ask—"Who should appoint such Boards—the American Medical Association, or the State Societies?" It strikes me that if a Board should be appointed by each State Society, the whole plan would be a failure. The American Medical Association would, virtually, have no voice in the matter. Each State would have its own standard, and the only difference between the present plan, and the proposed one, would be a transference of power from the colleges to the State societies. And this is an impracticability, as there is no autocrat by whose imperial edict the power can be transferred.

Instead of accomplishing any good, this plan would merely complicate matters. If there is any thing at all to give value to a new title and make it desirable, it is the idea of having it emanate directly from a *national* association, one in which all parts of the country are, or may be, equally represented. I think it would be policy to have *as few Boards of Examiners as*

*possible*. *One* Board, if it were practicable, would be all-sufficient.

We have a type of what we need, in the examining Boards of the United States government, for examining candidates for medical appointment into the army and navy. Government has but one Board for each department, and they meet at prominent points in different sections of the country, for the purpose of examining such candidates as present themselves. It is well known, that comparatively few who present themselves before these Boards are accepted, and that the college diploma weighs nothing with them, except as evidences that the candidates have pursued a course of medical study. The graduates of no particular school take precedence over those of any other. Merit, learning, ability, and physical fitness are the only tests that are applied.

If it were practicable I would like to see *but one* Board of Examiners for the honors of the national degree in medicine. I believe that the New Jersey Resolutions called for one Board in each of the United States judicial districts—eight in all. They also accepted the examinations of the Army and Navy Boards. This provides for quite as many Boards as it would be judicious to have. These examiners should, in my opinion, receive their appointment *directly from the American Medical Association*. There are other points in this connection that might be profitably discussed, but I have already imposed a much longer letter on you than I intended.

A word as to the title. The alliteration of "M. A. M. A." may strike some as objectionable. But why more so than "M. R. C. S. L." or "E.," of our English friends? It is true those initials suggest something maternal, which, certainly, would not be at all out of the way if we were taught to look up to our national organization as the "mother of us all." At the last meeting of the American Medical Association, Dr Frank H. Hamilton, of Brooklyn, seemed to favor the appointment of one board of examiners, to be called the College of Physicians and Surgeons of the American Medical Association. The title of the examinees of such a Board would, I presume, be "M. C. P. S. A. M. A.," which certainly would be no improvement.

But, having occupied as much space as you can probably allow to one correspondent in one number, I must reserve any further observations to another occasion. Respectfully yours,

"M. A. M. A."

—o—

*New York Ophthalmic School.*—The Introductory Lecture to the ninth session of this Institution was delivered at the building, 63 Third Avenue, on Nov. 10, by Dr. Mark Stephenson.

The class promises to be larger than usual. The lectures will be continued during the winter and spring, with clinical instruction three times a week.

## NEWS AND MISCELLANY.

*Magnetic Light.*—At the last meeting of the Academy of Natural Sciences, on Tuesday evening, Professor Rodgers, of the University of Pennsylvania, exhibited a series of beautiful and most successful experiments, based upon the great discoveries of the late Professor Hare, of the combustion of earths and metals under his compound oxy-hydrogen blowpipe.

Professor Rodgers took occasion to award to Dr. Hare those honors so justly his due, and which have been stolen from him in affixing the names of Lieut. Drummond, Mr. Bude, and others, to lights which should only be known as the "Hare light;" for to Professor Hare unquestionably and exclusively belongs the honor of the combustion of oxygen and hydrogen at their point of contact, and thus obtaining a degree of light and heat hitherto unknown. The experiments of Professor Rodgers were a demonstration of a still more intense light, obtained by bringing the poles of a strong galvanic battery in contact with a *small thread of mercury*.

There is, in this case, no combustion of the mercury, but the light is an incandescent light, and the very small stream of mercury which passes between the poles of the battery is caught in a receiver below, raised to the well of mercury above, and is thus used over and over again, *ad infinitum*.

Although the experiments were conducted on a limited scale, merely for demonstration, yet the light was so intense as to be painful to the eye, and in its presence the previously bright gaslights of the lecture-room were as dull and dim as candles.

It is proposed to apply this light—first discovered by our townsman, Dr. Hare, but which in England is called the Wade light—to the light-houses on the sea-coast; and, by means of reflectors, to light up the streets of cities, which could be made as light as day.

Professor Farraday is busily engaged in devising some means for its practical application, but we trust that honor will fall to the lot of our own talented and distinguished townsman, who presented us with this beautiful and brilliant demonstration on Tuesday evening.

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*A Pathological Museum at the Pennsylvania Hospital.*—At a recent meeting of the Board of Managers of the Pennsylvania Hospital, a resolution was adopted instituting a Pathological Museum. A proper apartment has been appropriated for the purpose, and Dr. T. G. Morton has been appointed Curator.

This movement, in connection with a similar one at the Philadelphia Hospital, will, it is believed, be the inauguration of an important adjuvant to the facilities for medical instruction, and add to the many objects of scientific

interest in the city. The Pennsylvania Hospital is an excellent field for pathological study, and the material presented for its pursuit is abundant and varied. The intelligence and energy of the gentleman appointed to the curatorship will insure the proper accomplishment of the design.

*Strange Fact in Natural History.*—A few days ago, at some short distance from Newry, a rather singular and most astonishing coincidence took place, in connection with natural history, on the farm of a man named Brennan. It appears that upon the evening in question he had been expecting one of his cows to calve, and upon going out of his house to look at her he found that an ass which he had in his possession had foaled, and that its progeny was already dead. He immediately took the foal, over which the mother was giving vent to the tenderest feelings of her nature, and cast it into a pit. He then proceeded to a field adjoining the house, where he found the cow in a similar position, with a fine healthy looking calf at her feet. He drove the poor animal to the "byre," but in the meanwhile the ass had broken loose, and, wending its way to the field, had found the calf, which, when the owner returned, he was surprised to see suckled by the disappointed mother. The calf has since been reared by the ass with great solicitude and care, and for which it manifests feelings of sincere attachment.—*Irish Farmer's Gazette.*

*Curious Death.*—Two men in France took shelter in a barn for the night. In the morning one of them was found dead, with severe injury to the head. The comrade was at once arrested, and told some "cock and bull" story about the terrible storm of the night in question, and attributed his companion's death to the effect of a thunderbolt. He was not credited, and was in a fair way to be executed for the supposed crime. A scientific gentlemen, hearing of the circumstance, examined the place, and found a hole in the roof of the barn, and an ærolite close to the spot where the deceased had slept on the night in question. The innocence of the accused was at once considered as established, and he was released.

*Lorgnettes at the Clinics.*—Some of the medical students of this city have adopted an effective means of seeing the minutiæ of operations at the clinics, when compelled by the crowd to take seats in the upper part of the amphitheatres, at a distance from the patient. The ordinary opera-glass has been introduced for the purpose, which it appears to answer admirably.

*Poison Oak.*—Dr. C. A. Canfield, in a letter to the *Pacific Sentinel*, states that a certain cure for the poisoning of the *Rhus toxicondendron* is a decoction of the leaves of the *Grindelia hirsuta* and *robusta*.

## DEATHS.

LAJUS.—Died in this city, on the 25th ult., Doctor D. P. Lajus, in the 45th year of his age.

OWEN.—Dr. David Dale Owen, the eminent geologist, died at New Harmony, Ind., on the 13th inst. He was a son of the celebrated Robert Owen, of New Lanark, Scotland, and a brother of the Hon. Robert Dale Owen, late American minister to Naples. The New Albany *Ledger* says:—"At the time of his death, Dr. Owen was State Geologist of Indiana, his life having been principally devoted to the study of geology and the kindred sciences. He made the first geological survey of Indiana, about the year 1838, and subsequently was appointed by the General Government to make a survey of the Northwest Territory. His report was published by the Government at great expense, and is one of the most valuable works of the kind ever given to the world. After completing this survey he was successively employed by the States of Kentucky, Arkansas, and Indiana, to make geological surveys, all of which had been completed, excepting the last named, which was still in progress. In his death Indiana has unquestionably lost her most eminent man of science, and one who will not probably be soon replaced. At New Harmony, Dr. Owen had a vast laboratory, where he was much employed in making experiments and testing earths and metals. He had the finest collection of geological specimens in the West, and one of the best in the country, a portion of which, if we are not mistaken, he presented to the State a few years ago."

### COMMUNICATIONS RECEIVED.

*Delaware*—Dr. G. P. Norris. *Iowa*—Dr. E. J. Fountaine. *Indiana*—Dr. E. P. Glick, Dr. W. H. Simmons, (with encl.,) Dr. T. P. Bicknell. *Louisiana*—Dr. N. B. Benedict. *Massachusetts*—Dr. Buckingham. *Maryland*—Dr. W. S. Forwood, Dr. S. M. Harry, Dr. J. K. Berkebile, (with encl.) *New Jersey*—Mr. John Hulme, Dr. J. F. Sheppard, (with encl.,) Dr. G. H. Cline, (with encl.,) Dr. S. H. Kennedy, (with encl.,) Dr. E. Byington, (with encl.,) Dr. S. S. Clark, (with encl.) *New York*—Dr. Macnicholl, (5,) Dr. H. Jewitt, (with encl.,) Dr. J. R. Pratt, (with encl.,) Dr. H. F. Bennett, (with encl.,) Dr. R. R. Gregg, (with encl.) Dr. L. Shafer, (with encl.,) Dr. S. D. Willard, Bailliere Bros., Dr. C. (H. Covell, (with encl.,) Dr. F. Bond, Dr. C. S. Goff, Dr. W. R. Watson, Dr. E. S. Preston, (with encl.,) Dr. E. H. Hurd, (with encl.,) Dr. C. D. Budd, Dr. H. Bennett, (with encl.,) Dr. L. McKay, (with encl.,) Dr. J. F. Craig, (with encl.,) Dr. R. Andrews, (with encl.,) Dr. L. Fay, (with encl.,) Dr. J. F. Baker, (with encl.,) Drs. O. P. and A. G. Clark, (with encl.,) Dr. J. Foran. *Ohio*—Mr. W. E. Chapman, Dr. J. H. Clark, (with encl.,) Dr. S. Lewis, (with encl.,) Dr. J. N. Vanmetre, (with encl.,) Dr. J. Gaskins, (with encl.,) Dr. B. F. Coates, (with encl.) *Pennsylvania*—Dr. J. B. Dunlap, (with encl.,) Dr. J. S. Musser, (with encl.,) Dr. J. McConaughy, Dr. E. Brobst, (with encl.,) Dr. J. A. Brobst, (with encl.,) Dr. A. J. Martin, (with encl.,) Drs. Keys and Whitsell, (with encl.,) Dr. C. H. Smith, Dr. J. Hay, (with encl.,) Dr. E. G. Martin, (with encl.,) Dr. S. B. Hartman, (with encl.,) Dr. R. H. Muth *Tennessee*—Dr. J. L. Davis, (with encl.) *Wisconsin*—Dr. C. L. Stoddard.

*Office Payments.*—Dr. R. A. Given, (Pa.,) Dr. T. J. Moore, A. G. Cross, Dr. H. R. Tilton. By Mr. Loraine: Dr. A. P. Tompkins, Dr. McGrath, Dr. Kennedy, Mr. Migeod, (adv.,) Dr. R. A. Given, (adv.)

# MORTALITY OF CITIES DURING THE WEEK ENDING NOVEMBER 17, 1860.

| Number, Sex, Nativity, and Age. | Philadelphia. | New York. | Baltimore. | New Orleans | Boston. | Chicago. | Cincinnati. | Charleston. | Providence. | Buffalo. | St. Louis. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Whole number of deaths | 200 | 344 | ..... | 130 | 71 | ..... | ..... | 20 | ..... | ..... | 86 |
| Males | 106 | 182 | ..... | 68 | ..... | ..... | ..... | 10 | ..... | ..... | 49 |
| Females | 94 | 162 | ..... | 45 | ..... | ..... | ..... | 10 | ..... | ..... | 37 |
| Sex not stated | ..... | ..... | ..... | 17 | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Whites | 194 | 339 | ..... | 90 | ..... | ..... | ..... | 9 | ..... | ..... | 85 |
| Black and colored | 6 | 5 | ..... | 25 | ..... | ..... | ..... | 11 | ..... | ..... | 1 |
| United States | 157 | 222 | ..... | 49 | ..... | ..... | ..... | 18 | ..... | ..... | ..... |
| Foreign countries | 30 | 122 | ..... | 31 | ..... | ..... | ..... | 2 | ..... | ..... | ..... |
| Nativity unknown | 13 | ..... | ..... | 50 | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| *Parentage.* | | | | | | | | | | | |
| American | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Foreign | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| *Ages.* | | | | | | | | | | | |
| Under 5 years | 103 | 154 | ..... | 47 | 31 | ..... | ..... | 5 | ..... | ..... | 43 |
| 5 to 10 years | 17 | 17 | ..... | 3 | 4 | ..... | ..... | 1 | ..... | ..... | |
| 10 to 20 " | 12 | 12 | ..... | 5 | | ..... | ..... | 2 | ..... | ..... | |
| 20 to 50 " | 41 | 115 | ..... | 42 | 36 | ..... | ..... | 7 | ..... | ..... | 43 |
| 50 and over | 27 | 46 | ..... | 21 | | ..... | ..... | 5 | ..... | ..... | |
| Unknown | ..... | ..... | ..... | 12 | ..... | ..... | ..... | ..... | ..... | ..... | |
| **Causes of Death.** *Zymotic Diseases.* | | | | | | | | | | | |
| Croup | 10 | 9 | ..... | 1 | 3 | ..... | ..... | ..... | ..... | ..... | 4 |
| Cholera Infantum | ..... | 2 | ..... | 2 | ..... | ..... | ..... | 1 | ..... | ..... | 1 |
| Cholera | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Cholera Morbus | ..... | 1 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Diarrhœa | 2 | 2 | ..... | 7 | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Diphtheria | 11 | 15 | ..... | 2 | ..... | ..... | ..... | ..... | ..... | ..... | 2 |
| Dysentery | 1 | 5 | ..... | 3 | ..... | ..... | ..... | 1 | ..... | ..... | 3 |
| Erysipelas | 2 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Fever, remittent | ..... | 1 | ..... | 1 | ..... | ..... | ..... | ..... | ..... | ..... | 1 |
| Fever, intermittent | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| " pernicious | ..... | ..... | ..... | 3 | ..... | ..... | ..... | ..... | ..... | ..... | 1 |
| " typhoid | 6 | 7 | ..... | 5 | 2 | ..... | ..... | 3 | ..... | ..... | 4 |
| " typhus | ..... | 6 | ..... | ..... | ..... | ..... | ..... | 1 | ..... | ..... | ..... |
| " scarlet | 19 | 13 | ..... | 3 | 9 | ..... | ..... | ..... | ..... | ..... | 2 |
| " yellow | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Hooping Cough | ..... | 2 | ..... | 2 | ..... | ..... | ..... | ..... | ..... | ..... | 2 |
| Measles | 1 | 1 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Small-pox | 4 | 4 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Sore Throat, putrid | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| *Respiratory Organs.* | | | | | | | | | | | |
| Bronchitis | 4 | 3 | ..... | 1 | 3 | ..... | ..... | ..... | ..... | ..... | ..... |
| Congestion of Lungs | 1 | 7 | ..... | ..... | 1 | ..... | ..... | ..... | ..... | ..... | ..... |
| Consumption | 26 | 55 | ..... | 20 | 8 | ..... | ..... | 3 | ..... | ..... | 13 |
| Pneumonia | 6 | 18 | ..... | 5 | 4 | ..... | ..... | ..... | ..... | ..... | 10 |
| Hemorrhage from Lungs | ..... | ..... | ..... | ..... | 1 | ..... | ..... | ..... | ..... | ..... | ..... |
| Pleurisy | ..... | 1 | ..... | ..... | 2 | ..... | ..... | ..... | ..... | ..... | ..... |

| Causes of Death. | Philadelphia. | New York. | Baltimore. | New Orleans. | Boston. | Chicago. | Cincinnati. | Charleston. | Providence. | Buffalo. | St. Louis. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Nervous System.* | | | | | | | | | | | |
| Apoplexy | 5 | 2 | ..... | 2 | 1 | ..... | ..... | 1 | ..... | ..... | 2 |
| Convulsions | 10 | 21 | ..... | 9 | 1 | ..... | ..... | 1 | ..... | ..... | 9 |
| Congestion of Brain | 2 | 10 | ..... | 3 | 1 | ..... | ..... | ..... | ..... | ..... | 2 |
| Disease of Brain | 1 | ..... | ..... | 3 | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Delirium Tremens | 1 | 1 | ..... | 1 | ..... | ..... | ..... | ..... | ..... | ..... | 1 |
| Epilepsy | ..... | 1 | ..... | ..... | 1 | ..... | ..... | ..... | ..... | ..... | 1 |
| Hydrocephalus | 4 | 10 | ..... | ..... | 4 | ..... | ..... | 1 | ..... | ..... | ..... |
| Inflammation of Brain | 7 | 8 | ..... | 5 | 2 | ..... | ..... | ..... | ..... | ..... | 1 |
| Paralysis | 1 | 8 | ..... | 1 | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Tetanus | ..... | 3 | ..... | 5 | ..... | ..... | ..... | 2 | ..... | ..... | 1 |
| *Circulatary System.* | | | | | | | | | | | |
| Aneurism | ..... | 2 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Disease of Heart | 4 | ..... | ..... | 3 | ..... | ..... | ..... | 2 | ..... | ..... | 2 |
| Phlebitis | ..... | 11 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| *Digestive System.* | | | | | | | | | | | |
| Disease of Liver | ..... | 3 | ..... | 1 | 2 | ..... | ..... | ..... | ..... | ..... | ..... |
| Gastritis | ..... | ..... | ..... | ..... | 1 | ..... | ..... | ..... | ..... | ..... | 2 |
| Hepatitis | 1 | 2 | ..... | ..... | ..... | ..... | ..... | 1 | ..... | ..... | ..... |
| Inflammation of Throat, | ..... | 4 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Intussusception | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Inflam. of Bowels | 5 | 6 | ..... | 6 | 2 | ..... | ..... | ..... | ..... | ..... | ..... |
| Marasmus | 8 | 26 | ..... | 8 | 2 | ..... | ..... | ..... | ..... | ..... | 4 |
| Peritonitis | 2 | ..... | ..... | 3 | ..... | ..... | ..... | 1 | ..... | ..... | ..... |
| *Urinary Organs.* | | | | | | | | | | | |
| Albuminuria | ..... | 9 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Diabetes | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Disease of Kidneys, Bladder, and Urethra | 2 | 1 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| *Diseases of Uncertain Seat.* | | | | | | | | | | | |
| Abscess | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Cancer | 2 | 4 | ..... | ..... | 2 | ..... | ..... | ..... | ..... | ..... | ..... |
| Dropsy | 2 | 8 | ..... | 2 | 3 | ..... | ..... | ..... | ..... | ..... | 5 |
| Debility, etc | 9 | 7 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 2 |
| Fever | ..... | ..... | ..... | 1 | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Scrofula | 2 | 1 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| *Puerperal Diseases.* | | | | | | | | | | | |
| Hemorrhage | ..... | 1 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Convulsions | ..... | ..... | ..... | ..... | 3 | ..... | ..... | ..... | ..... | ..... | ..... |
| Fever | ..... | 5 | ..... | ..... | ..... | ..... | ..... | 1 | ..... | ..... | ..... |
| Diseased Womb | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 1 |
| *External Causes.* | | | | | | | | | | | |
| Accidents | 4 | 16 | ..... | 1 | 2 | ..... | ..... | ..... | ..... | ..... | 2 |
| Poisoning | ..... | ..... | ..... | 1 | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Suicide | 2 | 1 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Stillborn | 17 | ..... | ..... | 2 | ..... | ..... | ..... | ..... | ..... | ..... | 2 |
| All other causes | 16 | 20 | ..... | 14 | 11 | ..... | ..... | 4 | ..... | ..... | ..... |